

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000069356

**Entity Name:** ANCHOR PROSTHETIC SUPPLIES, LLC

**Current Principal Place of Business:**

3916 W SOUTH AVE  
TAMPA, FL 33614

**Current Mailing Address:**

3916 W SOUTH AVE  
TAMPA, FL 33614 US

**FEI Number:** 45-1779932

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SHEAFFER, BENJAMIN RIII  
3916 W SOUTH AVE  
TAMPA, FL 33614 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGR  
Name SHEAFFER, BENJAMIN RIII  
Address 3916 W SOUTH AVE  
City-State-Zip: TAMPA FL 33614

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BENJAMIN SHEAFFER

MGR

01/30/2024

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date