

2017 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 R SHEAFFER III

PRESIDENT, MGT PTR

01/17/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date