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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107

Fax Number : (561)214-8442

**Enter the email address for this business entity to be used for future

Email Address:

LLC REGISTERED AGENT RESIGNATION ANAFIG, LLC

Certificate of Status	0
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COVER LETTER

Division of Corporations
SUBJECT: Anafig, LLC
Name of Limited Liability Company
DOCUMENT NUMBER: L21000200738
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Erika Easter
Name of Person
Unger Law PC/ eMinutes
Name of Firm/Company
228 Park Ave S PMB 50845
Address
New York, NY 10003-1502
City/State and Zip Code
eteam@eminutes.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Erika Easter at (310) 820-1000 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115, Florida Statutes, the unc	dersigned.	
eResident Agent, l	inc.	, hereby resigns as	
	Name of Registered Agent	<u></u>	
Registered Agent for _	Anafig, LLC		-
	Name of Limited Liability Company		٠,
L21000200738			
Document N	umber, if known		
	ed and the office discontinued on the 31st day af	ter the date on which this statement i	
	Signature of Resigning Agent	20	
If signing on behalf of	an entity:	23 H	•
	Jeffrey A. Unger	2023 HAR 29	
	Typed or Printed Name		三层条件
	President		_ O_\
	Capacity	: S	

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314