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(Address)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
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(Business Entity Name)							
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Special Instructions to Filing Officer:							
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Office Use Only



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212 894 8940 tel 212 590 9180 fax www.ctlegalsolutions.com

April 30, 2007

RE: ANR REALTY, LLC. (VA. DOM.)

Department of State Division of Corporations Clifton Building 261 Executive Center Circle Tallahassee, Florida 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for the above corporation. Also enclosed is <u>1</u> check in the amount of \$ <u>25.00</u> to cover the required filing fee.

Please acknowledge receipt by signing and returning the enclosed copy of this letter. For your convenience, we enclose a stamped self- address envelope.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA:lf Enclosure

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 608.416	5(2) or 608.5	509, Florida Statute	s, the un	dersigned,		
C T CORPORATION SYSTEM			, h	ereby re	signs as		
-	(Name of Registered Ag	gent)	,	,			
Registered Agent for _		ANR	REALTY, LLC	(VA.	DOM.)		
	(Name of Li	mited Liabilit	y Company)				
M05000	0004364						
(Document Nun	nber, if known)						
A copy of this resignati	on was mailed to the	above listed	limited liability co	mpany a	it its last known a	address.	
. If signing on behalf of a	an entity:	nature of Kesij	gning Agent) EM - Theresa Alfie			0;	S S S
(Typed or Printed Na					07 MAY	SION	
ASSISTANT SECRE		CRETARY				STA-	
		(Capacity))			7	37.
	FILING \$ 85.00 \$ 25.00	FEES: Active li Adminis withdray	mited liability com tratively dissolved/ wn limited liability	pany volunta compar	arily dissolved/	PM 1: 38	SPENATIONS

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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 608.416(2	2) or 608.509, Florida Statutes	s, the undersigned,
C T CORPORATION	N SYSTEM	. h	ereby resigns as
	(Name of Registered Agen		orosy rosigns as
Registered Agent for _		ANR REALTY, LLC	(VA. DOM.)
	(Name of Limi	ted Liability Company)	,
M05000	0004364		
(Document Nur	nber, if known)		
A copy of this resignat	ion was mailed to the ab	ove listed limited liability co	mpany at its last known address.
The agency is terminat	200	tinued on the 31st day after the	ne date on which this statement is filed.
If signing on behalf of		diy of Resigning Agent)	
	C T CORPORATIO	N SYSTEM - Theresa Alfie	ri
	· •	rped or Printed Name) TANT SECRETARY	
		(Capacity)	

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

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