LOIDODOOOS

(Requestor's Name)			
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(Document Number)			
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EXAMINER

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COVER LETTER

SUBJECT:	ANCLOTE BEND. L.L.C.		
	ANCLOTE BEND, L.L.C. Name of Limited Liability Company		
DOCUMENT NUMBER:	L01000001055		
The enclosed Resignation of Register filing.	stered Agent for a Limited Liability Company and fee are submitted		
Please return all correspondence c	oncerning this matter to the following:		
Joel R. Tew, E	squire		
Tew & Associates Name of Firm/Company			
7747C Mitchell B			
New Port Richey, City/State and Zi	FL 34655 p Code		
arick1010@ac E-mail address: (to be used for futu	vl.com re annual report notification)		
For further information concerning	this matter, please call:		
Joel R. Tew Name of Person	at (727) 645-6944 Area Code & Daytime Telephone Number		
Enclosed is a check made payable liability company or \$25.00 for an limited liability company.	to the Florida Department of State for \$85.00 for an active limited administratively dissolved, voluntarily dissolved or withdrawn		

MAILING ADDRESS:

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TO:

Amendment Section Division of Corporations

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

STREET ADDRESS:

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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 608.416(2) or 608.509	9, Florida Statutes, the undersigned,
Jo	el R. Tew, Esquire	, hereby resigns as
	lame of Registered Agent	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Registered Agent for	Ancle	ote Bend, L.L.C.
	Name of Limited Liability C	ompany ,
L010000	001055	
Document Num	ber, if known	
A copy of this resignation	was mailed to the above listed li	mited liability company at its last known address.
The agency is terminated a	and the office discontinued on the	e 31st day after the date on which this statement is filed.
` <u>-</u>	Signature of F	esigning Agent
If signing on behalf of an	entity:	
-	Typed or Printed	Name
_	Capacity	<u> </u>

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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