

LO10000 019 614

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

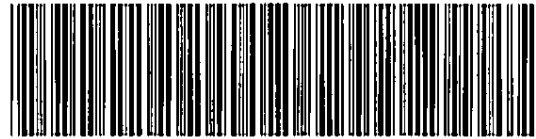
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700333523717

08/30/19--01016--010 **35.00

FILED
19 AUG 30 AM 9:16
IN A. STE, P.O. 26

SEP 11 2019
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Anchor Contracting, LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Nick Kokkinos
(Contact Person)

Anchor Contracting, LLC
(Firm/Company)

809 S. Safford Ave.
(Address)

Tarpon Springs, FL 34689
(City/State and Zip Code)

For further information concerning this matter, please call:

Nick Kokkinos at (727) 938-6478
(son) (Area Code & Daytime)

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department

of State is: Aucare Contracting LLC.

2. The Florida document/registration number assigned to this limited liability company is:

602000019614

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8/28/19

4. I, James Bouteaukar, hereby withdraw/resign as a
(Print Name of Person Resigning)

MANAGER
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my
resignation in writing. _____

[Signature]
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)

FILED
19 AUG 30 AM 10:16
TALLAHASSEE, FLORIDA