

(Re	equestor's Name)	•
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	





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08/27/14--01028--007 **25.00

08/27/14--01028--008 **30.00

SEP -5 2014

R. WHITE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: An Stav 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:
Angela GISMONdi (Formarly Angela Gismondi -Salbe)
Anstar LLC (Firm/Company)
11852 Bayfield Drive
Bocakaton, F1 3349 8 (CitylState and Zip Code)
For further information concerning this matter, please call:
Angela Gismondi at (561) 289 - 4075 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sumset\$ \$\\$\\$25 \text{Filing Fee} \text{ Certified Copy} \\ \tag{\tag{\tag{CNCKS}}}

STREET/COURIER ADDRESS:

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

CR2E079 (2/14)

MAILING ADDRESS:

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

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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: Anstar LLC
2. The Florida document/registration number assigned to this limited liability company is:
LO 2000004427
3. The date this member/manager withdrew/resigned or will withdraw/resign is: May 1, 2014 4. I, Steven Scibe, hereby withdraw/resign as a (Print Name of Person Resigning)
MCnagel
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing. Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)

CR2E079 (2/14)