

05/08/2014 10:07 FAX

Division of Corporations

001/002

Page 1 of 1

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
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From:

Account Name : CARLTON FIELDS  
Account Number : 076077000355  
Phone : (813)228-7000  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC REGISTERED AGENT RESIGNATION  
ANMER MANAGEMENT, LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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5/9/14  
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**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

**CFRA, LLC**

, hereby resigns as

Name of Registered Agent

Registered Agent for **ANMER MANAGEMENT, LLC**

Name of Limited Liability Company

**L05000031038**

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
Signature of Resigning Agent

If signing on behalf of an entity:

**JOYOE F. BENTUBO**

Typed or Printed Name

**SECRETARY**

Capacity

FILED  
14 MAY 8 PM 4:55**FILING FEES:**

|          |                                                                                           |
|----------|-------------------------------------------------------------------------------------------|
| \$ 85.00 | Active limited liability company                                                          |
| \$ 25.00 | Administratively dissolved/ voluntarily dissolved/<br>withdrawn limited liability company |

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 632  
Tallahassee, FL 32314

DHS17 (2/14)

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