

L070000017026

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

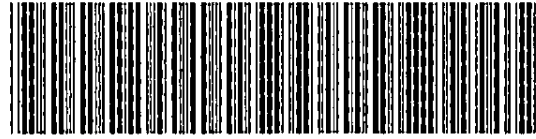
(Business Entity Name)

(Document Number)

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01/04/21--01018--025 \*\*50.00

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2021 JAN -4 AM 6:55  
STATE OF ARIZONA  
CLERK OF SUPERIOR COURT  
PHOENIX, ARIZONA

O SIMMONS  
FEB 12 2021



FILED  
2021 JAN -4 AM 6:55  
SEC. OF STATE  
TALLAHASSEE, FL

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: ANCLOTE INSURANCE AGENCY LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L07000017026

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/01/2021

4. I, MARIA KOUSKOUTIS, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

AUTHORIZED MEMBER  
*(Print Title)*

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)