

L070000/03269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

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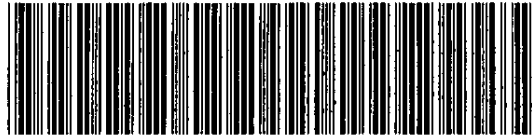
Special Instructions to Filing Officer:

**A. LUNT**

AUG 13 2008

**EXAMINER**

Office Use Only



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08/11/08--01056--005 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008 AUG 11 P 1:04

**FILED**

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ANCLOTE MIXED USE LLC**  
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Larry W. McKellar

(Name of Person)

ANCLOTE MIXED USE LLC

(Firm/Company)

2108 Otter Ct

(Address)

Tarpon Springs, FL 34689-2042

(City/State and Zip Code)

For further information concerning this matter, please call:

Larry W. McKellar

(Name of Person)

at ( 727 ) 943-5473

(Area Code & Daytime Telephone Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**

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

**STREET/COURIER ADDRESS:**

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

ANCLOTE MIXED USE LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on December 17, 2007 and assigned  
Florida document number L07000103269.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

(Enter Florida street address)

\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

(If Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	FRANK MCKELLAR	2410 NORTHSIDE DRIVE CLEARWATER, FL 33761	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	LARRY W. MCKELLAR	2108 OTTER COURT TARPON SPRINGS, FL 34689	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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Dated AUGUST 5, 2008

Larry W. McKellar  
 Signature of a member or authorized representative of a member  
LARRY W. MCKELLAR  
 Typed or printed name of signee

**ANCLOTE MIXED USE, LLC  
460 E Lemon Street  
Studio A  
Tarpon Springs, FL 34689**

**RESOLUTION OF  
THE BOARD OF DIRECTORS  
ANCLOTE MIXED USE, LLC**

**FILED**  
2008 AUG 11 P 6 04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Whereas the Board has convened in person at 460 E Lemon Street, Studio A, Tarpon Springs, FL 34689 on this 31<sup>st</sup> Day of December 2007, to discuss the disposition of Anclore Mixed Use, LLC and the property at 1278 N Pinellas Ave.

Whereas the Property was Sub-leased to Grace Chapel

Whereas the Master Lease Option Between the Owner Klonaris and Anclore Mixed Use, LLC is in full force and effect and all payments are current as of this date

Whereas the Board has approved the Sale of Manager Stephen Grimme's share of Anclore Mixed Use, LLC for the return of \$2,000, payment of which is hereby acknowledged, to

Mr. Larry McKellar

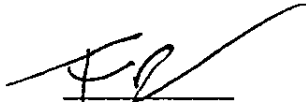
Whereas the Board has filed the required 2008 Florida Annual Report and made the changes to reflect the Ownership.

Now Therefore be it Resolved that Stephen Grimme assigns, transfers, and quit claims any assets or interest in Anclore Mixed Use, LLC

Deposit of \$2,000 held in Escrow to remain the property of Anclore Mixed Use, LLC



Stephen S. Grimme'  
Manager



Thomas Brooks  
Member