

LE9000053030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

(Document Number)

Certified Copies

Certificates of Status

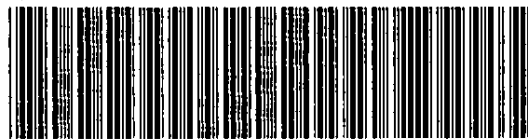
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JUN 18 2010

EXAMINER



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06/17/10--01010--008 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 JUN 17 PM 12:20

FILED

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Anchor Securities, LLC

(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

Christopher D. Donaldson

(Contact Person)

(Firm/Company)

8751 North Himes Ave

(Address)

Tampa, FL 33614

(City/State and Zip Code)

For further information concerning this matter, please call:

Christopher Donaldson

(Name of Contact Person)

at ( 727 ) 560-1241

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$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

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

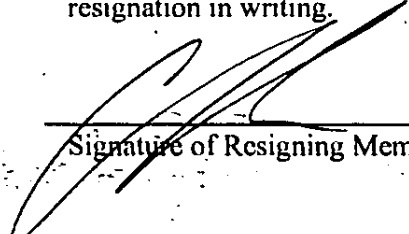
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Anchor Securities, LLC

2. This limited liability company was organized under the laws of:  
Florida

3. The Florida document/registration number of this limited liability company is:  
L09000053030

4. I, Christopher D. Donaldson, hereby resign as a Member  
(Print Name of Person Resigning) (Print Title)

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

  
\_\_\_\_\_  
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

**FILED**  
10 JUN 17 PM 12:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA