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(Re	questor's Name)			
(Address)				
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2013 APR 15 PH 4: 2: SECRETARY OF STATE

'APR 16 2013 D. BRUCE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: ANCHOR STEP (Name of Limited Liability)	Company)	
The enclosed member, managing member or manager refiling.	esignation and fee(s) are submitted for	
Please return all correspondence concerning this matter	to:	
TONYA DEANDA (Contact Person)		
ANCHOR STEPS, LLC (Firm/Company)		
2116 FAIRCHILD ST	2013 APR I	
PENSACOLA, FL 3250 (City/State and Zip Code)	ARY OF STATE ASSEE FLORID	
For further information concerning this matter, please ca	all: Spa 28	
at (at (at C	ode & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florid \$25 Filing Fee	a Department of State for: ☐ \$55 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section Registration Section		
Division of Corporations Division of Corporations Division of Corporations		
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314	
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CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

_	limited liability company as	s it appears on the records of t	the Florida Department
2. This limited liab	ility company was organized	d under the laws of:	
_	ment/registration number o	of this limited liability compar	ny is:
(Print N) of this limited lial	ame of Person Resigning) pility company and affirm th	, hereby resign as a M	(Print Title)
resignation in wri	()		2818 APR SECRET FALLAHA
Filing Fee: Certified Copy:	gning Member, Managing N \$25.00 (Required) \$30.00 (Optional)	viember or Manager	ILED 215 PH 4:21 ARY OF STATE SSEE FLORIDA