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SECRETARY OF STATE

N'AR 2 6 2015

T. HAMPTON

## **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: ANF TOOKING IC
(Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Uama Gonzalez (Contact Person)
And thousand I C
1518 Atteboro 10
Brandon FL 33511 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (O/O) 505-5087 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\sum \frac{1}{2}\$\$\$ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Registration Section

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, Florida 32301



## 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 compa	iny as it appears on the records of t	he Florida Department	
of State is:	ANJ' +	nicking 110	<del>-</del>	
2. The Florida docu	ment/registration num	ber assigned to this limited liability	y company is:	
3. The date this me	mber/manager withdre	w/resigned or will withdraw/resign	is: 11 2 14	
4. I(Print No.	na Cionza ame of Person Resigning)	PZ , hereby withdraw/resign	n as a	
Office M	Prin Title)			
of this limited lial resignation in wri		irm the limited liability company ha	as been notified of my	
Signature of D	sociating Member or I	Res gning Manager	15 N SEC TALL	
Filing Fee:	\$25.00 (Required)			k i
Certified Copy:	\$30.00 (Optional)		- <b>9</b>	inger;
			PH 3: L OF STAI E.FLOR	£ (
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