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Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : HINSHAW & CULBERTSON LLP
Account Number : I20110000017
Phone : (954) 375-1155
Fax Number : (954) 467-1024

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**LLC REGISTERED AGENT RESIGNATION
ANCHOR INN ASSOCIATES, LLC**

Certificate of Status	0
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Page Count	03
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ANCHOR INN ASSOCIATES, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L12000095096

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ross H. Manella, Esq.

Name of Person

Hinshaw & Culbertson LLP

Name of Firm/Company

1 East Broward Blvd., Suite 1010

Address

Ft. Lauderdale, FL 33301

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ross H. Manella, Esq.

Name of Person

at (954) 375-1138

Area Code

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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

STREET ADDRESS:

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

ROSS H. MANELLA, ESQ.

Name of Registered Agent

, hereby resigns as

Registered Agent for ANCHOR INN ASSOCIATES, LLC

Name of Limited Liability Company

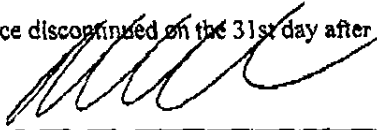
L12000095096

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

X



Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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