12000 196091

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT M	AIL
(Business Entity Name)	
(Dusiness Entity Name)	
(Document Number)	
Certified Copies Certificates of Status _	
Special Instructions to Filing Officer:	

Office Use Only



200296681322

03/17/17--01019--030 **85.00

17 MAR 17 AM 7:58
SECRETARY OF STATE
TAIL AND SSEC FRANK

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Anver Log Homes, LLC Name of Limited Liability Company
DOCUMENT NUMBER: L14000196091
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:
GINA HAMPON Name of Person
Name of Firm/Company
5850 Granite Parkway #215
Playo TX 7503U City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Gina Harper at (844)386-0178 Name of Person Area Code Daytime Telephone Number
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 605.011	5, Florida Statutes, the un	dersigned,	
Legalinc Corporate Services, Inc. Name of Registered Agent		, hereby resigns as	
Name of Lim	nited Liability Company	.,	
L14000196091			
Document Number, if known			
A copy of this resignation was mailed to the a	above listed limited liabili	ty company at its last known address.	
The agency is terminated and the office disco	Signature of Resigning Agen		
If signing on behalf of an entity:			
Marsha Dasch			
T President	yped or Printed Name	17 FEC	
FILING \$ 85.00 \$ 25.00	FEES: Active limited liability Administratively dissol withdrawn limited liab	company ved/ voluntarily dissolved/ 5	

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