

L15000078848

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

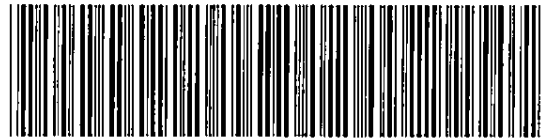
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/07/25--01026--013 **85.00

24
05-25-25

FILED
2025 JUL -7 AM 8:28
STATE
CLERK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Anderson Business Park, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L15000078848

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:

William Calderazzo

Name of Person

Anderson Business Park, LLC

Name of Firm/Company

8120 Anderson Rd

Address

Tampa, FL 33634

City/State and Zip Code

accounting@liegecoin.com

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

For further information concerning this matter, please call:

Bill Calderazzo

813

240-1269

Name of Person

at (

_____)
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

William Calderazzo _____, hereby resigns as

Name of Registered Agent

Registered Agent for Anderson Business Park, LLC _____

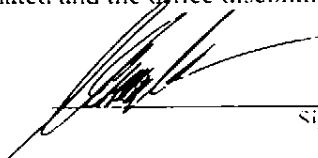
Name of Limited Liability Company

L15000078848 _____

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.



Signature of Resigning Agent

If signing on behalf of an entity:

William Calderazzo _____

Typed or Printed Name

Current Registered Agent _____

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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TALLAHASSEE, FL