L15000 191 039

(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





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COVER LETTER

TO: Registration Section Division of Corporations	
Division of Corporations	
SUBJECT: ANJI PROPERTIES, L	
(Name	of Limited Liability Company)
The enclosed member, resignation or o	dissociation and fee(s) are submitted for filing.
Please return all correspondence conce	erning this matter to:
Angela Watt	
(Contact Person)	
ANJI Properties, L.L.C.	
(Firm/Company)	
200 = 1	
802 Edgewater Drive	
(Address)	
Inverness, Florida 34453	
(City/State and Zip Code)
For further information concerning thi	s matter, please call:
Angela Watt	561 350-4930
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made pay □ \$25 Filing Fee	vable to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	,

CR2E079 (2/14)



January 19, 2016

ANGELA M WATT 802 EDGEWATER DR INVERNESS, FL 34453

SUBJECT: ANJI PROPERTIES, L.L.C.

Ref. Number: L15000191039

We have received your document for ANJI PROPERTIES, L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 416A00001143



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)

	e limited liability company as	s it appears on the records of the	ne Florida Department
2. The Florida doc L1500019103	_	assigned to this limited liability	company is:
		signed or will withdraw/resign	is:
4. I,, hereby withdraw/resign as		ı as a	
(Print	Name of Person Resigning)		
Manager			
	(Print Title)		
resignation in w	riting. Pulut	ne limited liability company has	s been notified of my
Signature of D	Issociating Member or Resig	ining Manager	
Filing Fee:	\$25.00 (Required)		De tono
Certified Copy:	\$30.00 (Optional)		27 PH C