11700150391

(Re	equestor's Name)	
(Ad	ddress)	
(Ad	ddress)	
(Ci	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(B)	usiness Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates	of Status
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COVER LETTER

TO: Registration Section

Tallahassee, Florida 32301

CR2E079 (2/14)

Divis	ion of Corporations		
SUBJECT:	Anchored Property Manag	gement	
Separet.	(Name of L	imited Liability Con	ipany)
The enclosed	l member, resignation or disso	ociation and fee(s) are submitted for filing.
Please return	all correspondence concernir	g this matter to:	
Ronald Der	osier		
	(Contact Person)		•
Anchored F	Property Management		
	(Firm/Company)		•
4198 SE Ba	ayview St.		
	(Address)		•
Stuart, FI 3	4997		
	(City/State and Zip Code)		•
For further in	nformation concerning this ma	tter, please call:	
Ronald Der	osier	772 at (634-2497
(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed ple. ☐ \$25 Filing	ase find a check made payable Fee		epartment of State for: Fee & Certified Copy
	OURIER ADDRESS:		MAILING ADDRESS:
Registration			Registration Section
Division of C Clifton Build	-		Division of Corporations P.O. Box 6327
	ive Center Circle		Tallahassaa Florida 32314



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)

	limited liability company as it appears on the records of the Florida Department hored Property Management LLC.
2. The Florida doc L1700015039	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:08/10/2018
4. I,	. hereby withdraw/resign as a fame of Person Resigning)
Manager ———	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting. Lawk
Signature of D	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)