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(Re	equestor's Name)	····	
(Ad	ddress)		
(Ad	ddress)		
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL	
(B	usiness Entity Name))	
(Document Number)			
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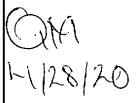
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ANCHORAGE CONSULTING Na	me of Limited Liability Company
DOCUMENT NUMBER: L180002395	
The enclosed Resignation of Registere for filing.	d Agent for a Limited Liability Company and fee are submitted
Please return all correspondence conce	rning this matter to the following:
Chelsea Chapman	
Name of Person	
Legaline Corporate Services, Inc.	
Name of Firm/Compa	any
10601 Clarence Drive, Suite 250	
Address	
Frisco, TX 75033	
City/State and Zip Co	de
E-mail address: (to be used for future an	nual report notification)
For further information concerning this	s matter, please call:
Chelsea Chapman	844 386-0178
Name of Person	at () Area Code Daytime Telephone Number
Enclosed is a check made payable to the liability company or \$25.00 for an admitted liability company.	ne Florida Department of State for \$85.00 for an active limited ninistratively dissolved, voluntarily dissolved or withdrawn

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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

rursuant to the provisions	s of section 605.0115, Florida Statutes, the find	ersigned,	
Legaline Corporate Services, Inc. Name of Registered Agent		_ , hereby resigns as	
		(Netectory recongs.to at	
Registered Agent for	ANCHORAGE CONSULTING LLC		
	Name of Limited Liability Company	<u> </u>	
L1800023	9599		
Document Nurr	nber, if known		
	was mailed to the above listed limited liability and the office discontinued on the 31st day after	er the date on which this statement is the	ed. ⊶
-	Mulla Muyanan Signature of Resigning Agent	828 APR 15	· FIRE AR
If signing on behalf of an	entity:	A	3 📆 į
	Chelsea Chapman		ater F
-	Typed or Printed Name	——— ယ tou	:
on Behalf of Legaline Corporate Services, Inc.		Inc. ω	æ.

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