120000151918

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



400365628134

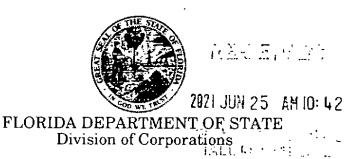
05/21/21--01013--023 **35.00

SECRETARY OF STATE OF

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	ECT: Anchor Tax a Consultion (Name of Limited Liability	Company)
The er	nclosed member, resignation or dissociation and f	ee(s) are submitted for filing.
Please	return all correspondence concerning this matter	to:
	Contact Person)	
<u>A</u>	nchar Tax a Consulting (Firm/Company)	
1	HI SEIZ St (Address)	
_ P	Om pano Beach, FL 330 b 0 (City/State and Zip Code)	
For fu	rther information concerning this matter, please c	all:
	(Name of Contact Person) at (95k	ode & Daytime Telephone Number)
	sed please find a check made payable to the Florid 5 Filing Fee S55 Fi	la Department of State for: lling Fee & Certified Copy
	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



June 14, 2021

RUTH DENNISON 141 SE 12TH STREET POMPANO BEACH, FL 33060

SUBJECT: ANCHOR TAX AND CONSULTING LLC

Ref. Number: L20000151918

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(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) 245-6050.

Jasmine N Horne Regulatory Specialist II

Letter Number: 621A00013185

I paid by check #128 5-18-21 \$35.00 at 11 was cashed Hay 27,2021 to Florida Dept of State

The attacked letter states \$25.00, therefore I need leim but sement for over payment of \$10, - I called June 21 a supervisor was supposed to call, so for no call Ploase call me 954-673 2393 a plane leave message so I can call you back. Ruth Jenius.

www.sunbiz.org



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)

1. The name of the	limited liability company as it appears on t	the records of the Florida Department
of State is: A	achor Taxand (onsulting	LLC
	ال ament/registration number assigned to this.	
L2000	0151918	
3. The date this mo	mber/manager withdrew/resigned or will w	rithdraw/resign is: 6-1-21
4.1. Rachal Sa	chn all an borne (, hereby ware of Person Resigning)	vithdraw/resign as a
MGT	(Print Title)	
of this limited lia resignation in wr	bility company and affirm the limited liabiliting.	ity company has been notified of my
$R \subseteq$		
Signature of D	ssociating Member or Resigning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	FILE 2021 JUN 25 P SECRETARY UI TALLAHASSEE.