

Electronic Filing Cover Sheet

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(((H14000118103 3)))



H140001181033ABCT

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : INCORPORATING SERVICES FL

Account Number : 120050000052 : (850)656-7956 Phone

Fax Number : (850)656-7953 R. WHITE

MAY 20 2014

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. Email Address:

REGISTERED AGENT RESIGNATION ANDERSON CHARTER COMPANY, LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

TO: Registration Section

No. 8099 P. 2 (((H14000118103 3)))

COVER LETTER

Division of Corporations			
SUBJECT: ANDERSON CHARTER COMPA	NY, LLC		
Name of Limit	ted Liability	Company	
DOCUMENT NUMBER: M10000001020			
The enclosed Resignation of Registered Agent for filing.	or a Limited	Liability Company and fee are submitted	
Please return all correspondence concerning this	matter to th	e following:	
EDIE WHITEBREAD			
Name of Person			
INCORPORATING SERVICES, LTD.			
Name of Firm/Company			
3500 SOUTH DUPONT HIGHWAY			
Address			
DOVER, DE 19901			
City/State and Zip Code			
E-mail address: (to be used for future annual report n	otification)		
For further information concerning this matter, p	lease call:		
Edie Whitebrerad	302	531-0855	
Name of Person	Area Code	Daytime Telephone Number	
Enclosed is a check made payable to the Florida liability company or \$25.00 for an administrative liability company.	Department ly dissolved	of State for \$85.00 for an active limited I, voluntarily dissolved or withdrawn limited	
MAILING ADDRESS:	STREE	T ADDRESS:	
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

INHS17 (2/14)

(((H14000118103 3)))

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115	s, Florida Statutes, the undersig	med,		•
INCORPORATING SERVICES, LTD	. he	, hereby resigns as		
Name of Registered Ager	t			
Registered Agent for ANDERSON CHAP	TER COMPANY, LLC			_
. Name of Lim	ted Liability Company			و ـــ
M1000001020				
Document Number, if known				
If signing on behalf of an emity:	Synaure of Kestgning Agent	e date on which this st	atement	is filed.
Amy Balke				
Assistant Secret	ped or Printed Name		5	
FILING \$ 85,00 \$ 25,00	Capacity FEES: Active limited liability comp Administratively dissolved/	eny		

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallabassee, FL 32314

INHS17 (2/14)