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| To: | Division of Corporat | tions | 20 DEC |
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| | Fax Number : (85 | | 01.0 |
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| From: | A | HIREDS (EVER) STOR CORDONATE SERVICES - TA | 200 |
| | Account Number : 81 | UMBERG/EXCELSIOR CORPORATE SERVICES, IN | w. <u>=</u> |
| | Phone : (86 | | ب |
| | Fax Number : (91 | • | AM 10: 17 |
| | the email address for | this business entity to be used for fu Enter only one email address please.** | |
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Help

\$25.00

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|---------------------------|--|
| SUBJECT: ANNISA ACQUISITIONS, L | .L.C | |
| Ni | ame of Limited Liability | Company |
| DOCUMENT NUMBER: M18000008 | 8742 | *************************************** |
| The enclosed Resignation of Register for filing. | ed Agent for a Limited | d Liability Company and fee are submitted |
| Please return all correspondence conc | erning this matter to the | he following: |
| TRACEE COTTON | | |
| Name of Person | | - |
| BLUMBERGEXCELSIOR CORPORATES | SERVICES, INC. | |
| Name of Firm/Comp | pany | - |
| 100 WALL STREET, SUITE 503 | | |
| Address | | - |
| NEW YORK, NY 10005 | | |
| City/State and Zip C | ode | - |
| E-mail address; (to be used for future a | mual report notification) | ~ |
| For further information concerning th | is matter, please call: | |
| TRACEE COTTON | 800 at (|) 221-2972 X1550 Daytime Telephone Number |
| Name of Person | Area Code | Daytime Telephone Number |

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provi | sions of section 605,0115, Florida Stantes, t | he undersigned. | |
|------------------------|---|--------------------------------------|--------------------------------------|
| BLUMBERGEXCEL | SIOR CORPORATE SERVICES, INC. | , hereby resigns as | |
| | Name of Registered Agent | | |
| Registered Agent for | ANNISA ACQUISITIONS, LLC | | |
| | Name of Limited Liability Company | | |
| M18000008742 | | | |
| Documen | l Number, if known | | |
| ,, | ation was mailed to the above listed fimited | • • | |
| The agency is termin | ated and the office discontinued on the 31st | day after the date on which this sta | stement is filed. |
| | Signature of Resignia | g Agent | ANTSION OF C |
| If signing on behalf o | of an entity: | | O S |
| | MARY BROOKS | | ED OF STAT RPORATI AM 10: 1 |
| | Typed or Printed Name | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Ö: |
| | ASSISTANT SECRETARY | | 7 |
| | Capacity | | - '2 |

ELLING 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, FI, 32314