(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	TIAW,	MAIL MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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## **TRANSMITTAL LETTER**

TO: Amendment Section Division of Corporations

SUBJECT. Anchor General Contractors, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P02000122271

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**David Bowden** 

(Name of Person)

**Anchor General Contractors** 

(Name of Firm/Company)

8305 Bob O Link Dr

(Address)

West Palm Beach, FL 33412

(City/State and Zip Code)

For further information concerning this matter, please call:

David Bowden

at (561

386-1266

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:** 

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 **Street Address:** 

Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

<sub>ı.</sub> Lisa Bowden	, hereby resign as	President, Registered Agent
77		(Title)
of Anchor General Co		
•	of Corporation)	
P02000122271	, a corporation organized under the laws of the State of	
(Document Number, if known)		
Florida	·	

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314