1041000)41335

(Re	questor's Name))
(Add	dress)	
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(City	y/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
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(Dod	cument Number)
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SECRETARY OF STATE FALLAHASSEE FLORIDA



TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: AESYX, LLC (Name of Limited Liability Company)
DOCUMENT NUMBER: L04000041335
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Douglas Sahs (Name of Person)
(Name of Firm/Company)
2763 Oakbrook Drive
(Address) (Address) Eart Laudardala El 33333
Fort Lauderdale, FL 33332
(City/State and Zip Code)
Fort Lauderdale, FL 33332 (City/State and Zip Code) For further information concerning this matter, please call:
Douglas Sahs 954 599-6298
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

INHS17(11/02)

RESIGNATION OF REGISTERED AGENT FOR A LIMITED **LIABILITY COMPANY**

Pursuant to the provis	ions of section 608.416(2) or 608.509, Florida St	atutes, the undersigned,	
Douglas Sahs		, hereby resigns as	,
	(Name of Registered Agent)		
Registered Agent for	AESYX, LLC		
	(Name of Limited Liability Company)		
L04000041335			
(Document N	umber, if known)		
•	ation was mailed to the above listed limited liabilities and the office discontinued on the 31st day a		: filed
If signing on behalf o	(Signature of Resigning Agent)	SECRETARY TALL AHASSE	
ii sigiiiig on ocium o	,	TARY ASSE	- Common
	(Typed or Printed Name)	PH 1: EFLOR	
	(Capacity)	ATE RIDA	

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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