## L0400062450

. (Requestor	s Name)
(Address)	
(Address)	
(City/State/2	Zip/Phone #)
(Business E	Entity Name)
(Document	Number)
Certified Copies C	ertificates of Status
	·
Special Instructions to Filing Of	ficer:

1

ە.,

Office Use Only



300287 07/08/160100	SECKETARY OF STATE	
ane		DEMARTHERI SENS AT: 16 JUL -8 AN 10: 19



,

	ACCESS, INC.						
	INC.	P.O. Box 37066		ith Avenue. Tallahasse ) ~ (850) 222-2666		. Fax (850) 222-166	66
				WALK IN			
		PICH	K UP:	7/8 Glinda			
	CERTIF	IED COPY					
xx	рнотос	COPY					
	CUS						
xx	FILING		RA	resignation	<u></u>		
	LATKINS I		MENT #)				<del>\</del>
	(CORPORATE N	AME AND DOCU	MENT #)	(m).	<b></b>		<u></u>
	(CORPORATE N	AME AND DOCU	MENT #)				
	(CORPORATE N	AME AND DOCU	MENT #)				
	(CORPORATE N	AME AND DOCU	MENT#)	<u></u>			
	(CORPORATE N.	AME AND DOCU	MENT #)				
PECIA ISTRI	L JCTIONS:						

-----

1

L

İ

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Name of Registered Agent

## CORPORATE ACCES, INC.

\_\_\_\_\_, hereby resigns as

Registered Agent for \_\_\_\_ ATKINS LLC

Name of Limited Liability Company

L04000062450

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Signature of Resigning Agent

If signing on behalf of an entity:

DANNY BENNETT

Typed or Printed Name

PRESIDENT

Capacity

## **FILING FEES:**

\$ 85.00

\$ 25.00

Active limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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



INHS17 (12/13)