104000075195

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	:y/State/Zip/Phone	· · #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			

Office Use Only



700071543577

04/28/06--01005--016 **25.00

SECRETARY OF STATE ON A PM 6: 1



TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: AHF SOMERSE		<u>. रक्षण</u> ्य	
	(Name of Limited Liability Com	pany)	
DOCUMENT NUMBER: LO	4000075195		
The enclosed Resignation of Regfor filing.	gistered Agent for a Limited Liab	oility Company and fee	e are submitted
Please return all correspondence	concerning this matter to the following	lowing:	
Rhonda Maybin (Name of I	Person)	n en	SECRETARY DIVISION OF 28
Capitol Corporate Services, (Name of Firm		, w	
P.O. Box 1831 (Addre	ss)	• •	PM 6: 1:
Austin, TX 78767	,		- n
(City/State and	Zip Code)	,	
For further information concerni	ng this matter, please call:		
Rhonda Maybin	at (800) 34	5-4647	
(Name of Person)	(Arca Code & D	5-4647 aytime Telephone Numl	oer)
Enclosed is a check made payabliability company or \$25.00 for a liability company.	e to the Florida Department of S in administratively dissolved, vol	tate for \$85.00 for an a untarily dissolved or v	active limited withdrawn limited
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	, 	

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ions of section 608.416(2) or 608.509, Fl	orida Statutes, the undersigned,	
CAPITOL CORP	ORATE SERVICES, INC.	, hereby resigns as	
	(Name of Registered Agent)	,1201007 10018.10 00	
Registered Agent for _	AHF SOMERSET, LLC		
	(Name of Limited Liability Comp	any)	<u></u> 1
	,, ,	•	
L04000075195			
(Document Nu	mber, if known)	and the second s	
		ed liability company at its last known address that day after the date on which this statement	
	(Signature of Resigning A	gent)	
If signing on behalf of	an entity:		SECRETARY SIVISION OF 28
	Cheryl Roberts		
	(Typed or Printed Nam		
	(Capacity)		PH 6: 17

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

FILING FEES:
\$85.00 Active limited liability company
\$25.00 Administratively dissolved/voluntarily dissolved/
withdrawn limited liability company