

L05000107590

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

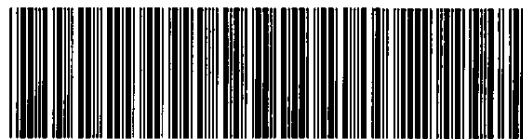
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900185474159

09/22/10--01015--001 \*\*85.00

FILED

2010 SEP 22 A 8:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RA Resign  
Trevino  
9.24.10

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ASD, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L05000107590

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:

James Ducham  
Name of Person

ASD, LLC  
Name of Firm/Company

421 Smith Road  
Address

Apalachicola FL 32320  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Selena Phipps at (850) 653 2450  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

James A. Durham, hereby resigns as  
Name of Registered Agent

Registered Agent for ASD, LLC

Name of Limited Liability Company

L05000107590  
Document Number, if known

FILED  
2000 SEP 22 A 8:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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]  
Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

### 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