## 10600015654

(Requestor's Name)			
(Address)			
(Address)			
(C	ity/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

3 JUL 23 AH ID: 10

O SIMMONS JUL 2 8 2018 Philip H Griffin 608 S 8<sup>th</sup> St Fernandina Beach FL 32034

Registration Section
Division of Corporations
PO Box 6327
Tallahassee FL 32314

July 17, 2018

Ref: Statement of Fact: ASV LLC Document #L06000015654

To Whom it May Concern

Please be advised that I, Philip H Griffin was listed as registered agent for ASV LLC without my knowledge or consent for anyone to do so.

If you have any questions please call me at 904-556-9140.

Regards,

Philip H Griffin

Phily Tiff

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: ASV, LLC		
	Liability Company	
DOCUMENT NUMBER: L06000015654		
The enclosed Resignation of Registered Agent for filing.	a Limited Liability Company and fee ar	e submitted
Please return all correspondence concerning this r	atter to the following:	
Philip H Griffin		
Name of Person	<del></del>	
Amelia Coastal Realty		
Name of Firm/Company		
608 S 8th St		
Address	<del></del>	
Fernandina Beach FL 32034		
City/State and Zip Code		
info@acrfl.com		
E-mail address: (to be used for future annual report no	fication)	
For further information concerning this matter, ple	ase call:	
Philip H Griffin	04 556-9140	
Name of Person	rea Code Daytime Telephone Number	
Enclosed is a check made payable to the Florida E liability company or \$25.00 for an administrative liability company.	epartment of State for \$85.00 for an actidissolved, voluntarily dissolved or with	ive limited hdrawn limited
MAILING ADDRESS:	STREET ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

INHS17 (2/14)

Tallahassee, FL 32314

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

Pursuant to the provisions of section 605.0	0115, Florida Statutes, the u	ndersigned.
Philip H Griffin		, hereby resigns as
Name of Registered A	Agent	
Registered Agent for ASV, LLC		
Name of	Limited Liability Company	
L06000015654		
Document Number, if known	<del></del>	
A copy of this resignation was mailed to the	he above listed limited liabil	ity company at its last known address.
The agency is terminated and the office di	Signature of Resigning Age	
If signing on behalf of an entity:		FILED JUL 23 A RETARY OF ANIASSEE.
	Typed or Printed Name	M G 10  PE FLORIDA
	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