

LO8000008509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

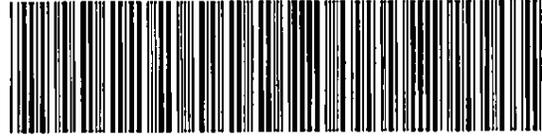
(Business Entity Name)

(Document Number)

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09/04/19--01013--018 \*\*285.00

19 SEP -4 AM 11:08

2019 SEP -4 PM 1:40

FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED RESIGNATION OF REGISTERED AGENT FOR:

ARIELINK, LLC

PLEASE RETURN A STAMPED COPY

CK# 8334      FOR:      \$285.00      (\$25.00 for this filing)

THANK YOU!

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

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

**ATRIUM REGISTERED AGENTS, INC.**

, hereby resigns as

Name of Registered Agent

Registered Agent for **ARIELINK, LLC**

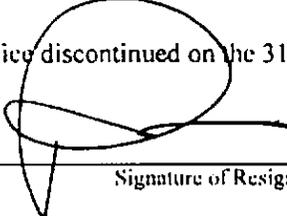
Name of Limited Liability Company

**L08000008509**

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:

**RALPH A. NARDI**

Typed or Printed Name

**VICE PRESIDENT, DIRECTOR**

Capacity

2019 SEP -4 PM 1:40

**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withdrawn limited liability company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**