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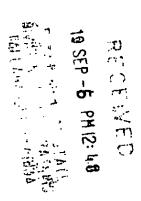
(Requestor's Name)			
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(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			

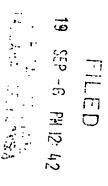
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O SIMMONS SEP 0 9 2019 FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED RESIGNATION OF REGISTERED AGENT FOR:

URBENK, LLC

PLEASE RETURN A STAMPED COPY

CK# 8362 OR: \$145.00 (\$25.00 for this filing)

THANK YOU!

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of se	ection 605.0115, Florida Statutes, the u	indersigned,	
ATRIUM REGISTERED AGENTS, INC.		, hereby resigns as	
Name of Registered Agent			
Registered Agent for URBENK, LLC		5 9 7	
		के जि	
	Name of Limited Liability Company	PH 12: 42	
L08000008520		(1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	
Document Number, if	known	3/ 12	
,,		after the date on which this statement is filed.	
If signing on behalf of an entity	y:		
RALPH A. NARDI			
	Typed or Printed Name		
VICE PRESIDENT, DIRECTOR			
	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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