109000096377

| (Re | equestor's Name) | |
|-------------------------|--------------------|--------------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | ry/State/Zip/Phone | > #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |

Office Use Only



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COVER LETTER

| SUBJECT: Name o | f Limited Liabilit | y Company |
|---|---------------------|--|
| DOCUMENT NUMBER: L0900009637 | 7 | |
| The enclosed Resignation of Registered Agfor filing. | gent for a Limite | d Liability Company and fee are submitte |
| Please return all correspondence concernin | g this matter to | the following: |
| Joy Fledelius | | |
| Name of Person | | _ |
| GY Corporate Services Inc. | | |
| Name of Firm/Company | | _ |
| 777 S Flagler Dr Ste 500E | | |
| Address | | _ |
| West Palm Beach, FL 33401 | | |
| City/State and Zip Code | | _ |
| danjoy@gunster.eom E-mail address: (to be used for future annual r | eport notification) | _ |
| For further information concerning this ma | tter, please call: | |
| Joy Fledelius | 561 | 804-4372 Daytime Telephone Number |
| 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provis | sions of section 605.011 | 5. Florida Statutes, the unders | igned. | | |
|-----------------------------|---------------------------|--|------------------------|-------------------|----------|
| GY Corporate Services, Inc. | | | hereby resigns as | | |
| | <u>.</u> g | | | | |
| Registered Agent for | ASTON AUTO, LL | С | | | - |
| | Name of Lir | nited Liability Company | | | _, |
| L09000096377 | | | | | |
| Document | Number, if known | | | | |
| A copy of this resigna | ation was mailed to the | above listed limited liability co | ompany at its last kno | wn address. | |
| The agency is termina | nted and the office disco | ontinued on the 31st day after to a signature of Resigning Agent | he date on which this | statement i | s filed. |
| If signing on behalf of | f an entity: | | | | |
| | Joy Fledelius | | | | |
| | Assistant Secre | Typed or Printed Name tary | ! | 202 SE FALL | |
| | FILING \$ 85.00 | Active limited liability con | npany | 2020 FEB -5 PH C | FILED |
| | \$ 25.00 | Administratively dissolved withdrawn limited liability | company S | <u>સ</u> ં ડુ | |

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