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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: LES (ASSET MA Charking, LLC
DOCUMENT NUMBER: 209000105055
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:
Sasting Hosenolm, Eg. Name of Berson
XISTINE HOSENOMILESY, P.A.
328 BANYAN BULL, Ste, Blc
Address MST PAM DESCAL TI 3340/ City/State and Zip Code
City/State and Zip Code /
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

ursuant to the provisions of section 608.	416(2) or 608.509, Flor	rida Statutes, the unders, hereby resign	E Company	0
Name of Registered	Agent	, neredy resign		
Registered Agent for	get M	1 thmp	ing LEST	
		· //		,
Name o	f Limited Liability Compan	y		
209000010	5.055		·	
Document Number, if known	4	1 1		
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A copy of this resignation was mailed to t	the above listed limited	liability company at its	last known address.	
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	iscontinued on the 31st	day after the date on w		
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The agency is terminated and the office d	iscontinued on the 31st	day after the date on w		
The agency is terminated and the office d	iscontinued on the 31st	day after the date on w		
The agency is terminated and the office d	iscontinued on the 31st	day after the date on w		Ch)
The agency is terminated and the office d	Signature of Resigning	day after the date on w		Ch 1
The agency is terminated and the office d	iscontinued on the 31st	day after the date on w		Ch)
A copy of this resignation was mailed to the agency is terminated and the office of the agency of the agency is terminated and the office of the agency is the agency i	Signature of Resigning Typed or Printed Name	day after the date on w		Ch i
The agency is terminated and the office d	Signature of Resigning	day after the date on w		Ch)

\$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