

L 10000005860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

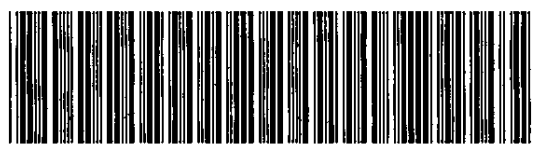
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600282233986

02/18/16--01017--022 **85.00

2016 FEB 18 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

K. SALY
EXAMINER
FEB 22

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ancient Naturals, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L10000005860

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:

Mitchell Propster
Name of Person

Name of Firm/Company

300 N. New York Ave. #308
Address

Winter Park, FL 32789
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mitchell Propster at (321) 525-5335
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
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 provisions of section 605.0115, Florida Statutes, the undersigned,

Mitchell Propster

, hereby resigns as

Name of Registered Agent

Registered Agent for **Ancient Naturals, LLC**

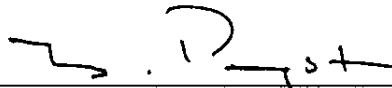
Name of Limited Liability Company

L10000005860

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:

Mitchell Propster

Typed or Printed Name

Registered Agent

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**

FILED
2019 FEB 18 PM 3:24
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS