10000013133

(R	Requestor's Name)			
(A	ddress)			
	ddress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
tified Copies	Certificates	of Status		
pecial Instructions to Filing Officer				
				

Office Use Only



000339286490

01/15/20--01005--015 *+25.00

Y SULKER

JAN 1 6 2029

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.0115, Florida S	tatutes, the undersigned,
Atrium Registered Age	ents, Inc.	, hereby resigns as
Name of Registered Agent		
Registered Agent for	200 Teton, LLC	
	Name of Limited Liability	Company
L10000013133		
Document	Number, if known	
.,	ated and the office discontinued on	Llimited liability company at its last known address. the B1st day after the date on which this statement is filed. of Resigning Agent
If signing on behalf o	f an entity:	
	Felipe Frias	
	Typed or Prin	ed Name
	Vice President of Atrium Regist	ered Agents, Inc.
	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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