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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:

2904 WENTWORTH, LLC

PLEASE RETURN A STAMPED COPY

CK# 8363 OR: \$135.00 (\$25.00 for this filing)

THANK YOU!

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

		3 ° 4 ° 0
Pursuant to the provision	ons of section 605.0115, Florida Statutes,	the undersigned,
ATRIUM REGIST	ERED AGENTS, INC.	, hereby resigns as
	Name of Registered Agent	
Registered Agent for	2904 WENTWORTH, LLC	<u> </u>
		12 18
	Name of Limited Liability Company	
L10000013137		
Document N	łumber, if known	
		liability company at its last known address.
The agency is terminat	Signature of Resigni	day after the date on which this statement is filed.
If signing on behalf of	an entity:	
	RALPH A. NARDI	
	Typed or Printed Name	<del></del>
	VICE PRESIDENT, DIRECTOR	<u>.                                    </u>
	Capacity	<del></del>

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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