

L10000013137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

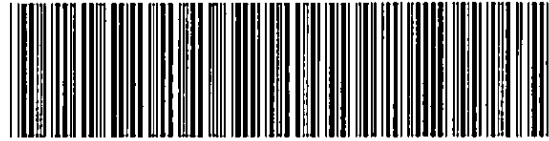
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700333786817

09/06/19--01011--024 **135.00

RECEIVED

10 SEP -6 PM 12:48

STATE OF CALIFORNIA
DEPARTMENT OF REVENUE
FBI - SAC - SAC - SAC

FILED

19 SEP -6 PM 12:47

STATE OF CALIFORNIA
DEPARTMENT OF REVENUE
FBI - SAC - SAC - SAC

O SIMMONS
SEP 09 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:

3099 ASHLAND 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**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

ATRIUM REGISTERED AGENTS, INC.

, hereby resigns as

Name of Registered Agent

Registered Agent for 3099 Ashland, LLC

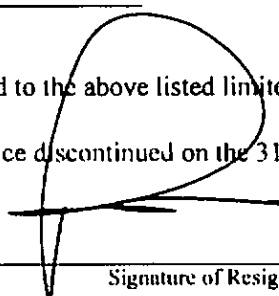
Name of Limited Liability Company

L10000013139

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:

RALPH A. NARDI

Typed or Printed Name

VICE PRESIDENT, DIRECTOR

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withdrawn limited liability company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