

612000011968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

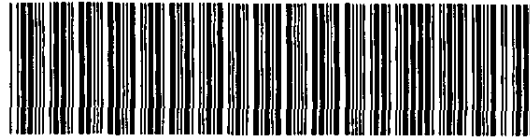
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

SEP 06 2013

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A & S SIB I, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L12000011968

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:

April I. Halle

Name of Person

The Halle Law Firm, P.A.

Name of Firm/Company

3101 North Federal Highway, Suite 401

Address

Fort Lauderdale, FL 33306

City/State and Zip Code

sibb2@hotmail.com

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

For further information concerning this matter, please call:

April I. Halle

Name of Person

at (**954**) **537-0466**

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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FLORIDA
SECRETARY OF STATE

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

The Halle Law Firm, P.A.

Name of Registered Agent

Registered Agent for A & S SIB I, LLC

A & S SIB I, LLC

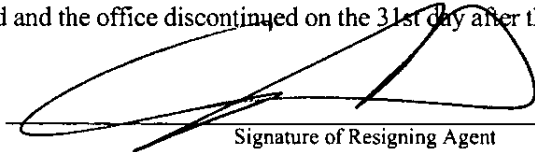
Name of Limited Liability Company

L12000011968

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:

April I. Halle

Typed or Printed Name

President

Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

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TALLAHASSEE, FLORIDA

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314