

L12 000018799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

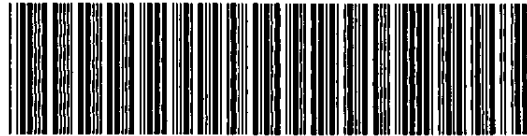
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/04/12--01029--017 **35.00

T. CLINE
JUL - 2 2012
EXAMINER

2012 JUN 28 PM 3:59
RECEIVED
OFFICE OF STATE
CLERK

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 8, 2012

CHRISTOPHER ROTE
12865 S.W. CYPRESS BEND AVE
ARCADIA, FL 34269

SUBJECT: ANT FACTORY APPS, LLC
Ref. Number: L12000018799

We have received your document for ANT FACTORY APPS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline
Regulatory Specialist II

Letter Number: 912A00016256

2012 JUN 28 PM 3:09
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ANT FACTORY APPS LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

MARK KOLE

(Contact Person)

ANT FACTORY APPS LLC

(Firm/Company)

11019 SW CYPRESS BEND AVE

(Address)

ARCADIA FL 34269

(City/State and Zip Code)

For further information concerning this matter, please call:

MARK KOLE

(Name of Contact Person)

at (941) 457-1028

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &

Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

CR2E079 (5/06)

WAS
PAID
EARLIER LETTER 35.00

DEPT. OF STATE
TALLAHASSEE, FLORIDA

2012 JUN 28 PM 3:05



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: ANT FACTORY APPS LLC

2. This limited liability company was organized under the laws of:

FLORIDA

3. The Florida document/registration number of this limited liability company is:

L12 000018799

4. I, Christopher Rote, hereby resign as a Treasurer
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
2012 JUN 28 PM 3:09
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA