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(Requestor's Name) (Address) (Address)	100290355071		
(City/State/Zip/Phone #)	03/22/1601024004 *	*85.0 0	
(Business Entity Name) (Document Number) ertified Copies Certificates of Status	SED 0.0.2 2016	SELRETARY OF S TALLANASSEE, FL	
Special Instructions to Filing Officer:	S. YOUNG	2:33 Londe	
Office Use Only			

COVER LETTER

TO: Registration Section Division of Corporations

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SUBJECT: Athena Properties of North Florida, LLC

Name of Limited Liability Company	
DOCUMENT NUMBER: L12000075350	
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are for filing.	submitted
Please return all correspondence concerning this matter to the following:	
Frances Casey Lowe	
Name of Person	
Frances Casey Lowe, P.A.	
Name of Firm/Company	16
68-A Feli May	S

bo-A Fell way

Address

Crawfordville, Florida 32327

City/State and Zip Code

dcp227@aol.com

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

For further information concerning this matter, please call:

Maria Proulx	,850	510-7201
	_at ()
Name of Person	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 22

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INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Frances Casey Lowe

, hereby resigns as

PM 2: 33

Name of Registered Agent

Registered Agent for _____ Athena Properties of North Florida, LLC

Name of Limited Liability Company

L12000075350

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.

Frances C Signature of Resigning Agent

If signing on behalf of an entity:

Lowe Esq. Frances

Capacity

FILING FEES:



Active limited liability company 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