Division of Corporations



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Account Name : CARLTON FIELDS

Account Number: 076077000355 Phone : (813) 223-7000

: (813)229-4133 Fax Number

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LLC REGISTERED AGENT RESIGNATION ASTLER LLC

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

I distant to the pide	sions of section 605.0115, Florida Statute	s, the undersigned,	
CF Registered A	gent, Inc.	, hereby resigns as	
	Name of Registered Agent	, micoy tosigns as	
Registered Agent for	ASTLER LLC		
	Name of Limited Liability Compa	any	
L12000079846			
Documen	Number, if known		
A copy of this resign	ation was mailed to the above listed limit	ed liability company at its last known addre	ess. 3
,	Signature of Resig	tst day after the date on which this statemer	HASSEE.F
If signing on behalf of	f an entity:		9 5
	Joyce F. Bentubo		e to
	Typed or Printed Nam	e) A
	Secretary		
	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\$25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

INHS17 (2/14)