

L12000101781

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

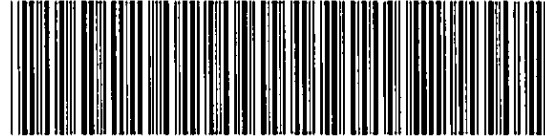
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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19 MAY 20 PM 3:23
TOLSON, J. EDGAR

O SIMMONS
MAY 20 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 4, 2019

LISA NEGRON
ONE NO. CLEMATIS ST, STE 500
WEST PALM BEACH, FL 33401

SUBJECT: ANTIOCH CAPITAL LLC
Ref. Number: L12000101781

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

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(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.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 019A00008978

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ANTIOCH CAPITAL LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L12000101781

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:

Lisa Negron

Name of Person

Nelson Mullins Broad and Cassel

Name of Firm/Company

1 North Clematis Street, Suite 500

Address

West Palm Beach, FL 33401

City/State and Zip Code

lisa.negron@nelsonmullins.com

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

For further information concerning this matter, please call:

Lisa Negron

Name of Person

at (561)

366-5362

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

CLIFFORD I. HERTZ, P.A.

, hereby resigns as

Name of Registered Agent

Registered Agent for ANTIOCH CAPITAL LLC

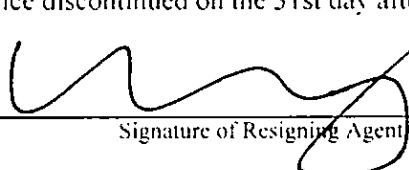
Name of Limited Liability Company

L12000101781

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:

CLIFFORD I. HERTZ, P.A.

Typed or Printed Name

DPST

Capacity

FILED
19 MAY 20 PM 3:23
TALLAHASSEE, FLORIDA

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