

L12000131359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

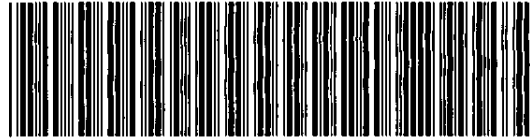
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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JUL 12 2016



5850 Granite Parkway Suite 215

Plano TX 75024

**To: Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**

July 6, 2016

**RE: Statement of Resignation of Registered Agent**

To Whom it may concern:

Please see enclosed Statement of Resignation of Registered Agent Forms

If there are any questions or concerns please contact immediately.

Thank you,

Patty Scilimenti  
Legalinc Corporate Services Inc.  
(844) 386-0178  
patty@legalinc.com

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ATHENS LAB LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L12000131359

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:

Name of Person

LEGALINC CORPORATE SERVICES INC.

Name of Firm/Company

5850 GRANITE PARKWAY SUITE 215

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Address

PLANO, TEXAS 75024

City/State and Zip Code

RA@LEGALINC.COM

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

For further information concerning this matter, please call:

PATTY SCLIMENTI

at (972) 865-7421

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

LEGALINC CORPORATE SERVICES INC.

, hereby resigns as

Name of Registered Agent

Registered Agent for ATHENS LAB LLC

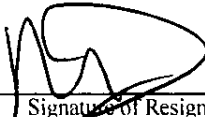
Name of Limited Liability Company

L12000131359

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:

Marsha Dasch / Legal Inc Corporate  
Typed or Printed Name

President

Capacity

Services Inc.

## 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

2012 JUL 11 AM 11:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED