

L130000017091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

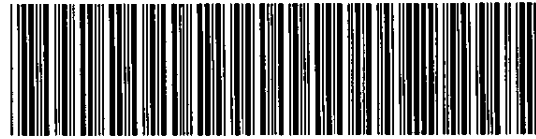
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/08/14--01001--004 **135.00

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SUFFOLK COUNTY
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STATE OF FLORIDA

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WALK IN

PICK UP: 6-6-14

- ☐ CERTIFIED COPY _____
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- ☐ CUS _____
- ☒ FILING RA Resignation file 2nd

1. A's Venture Group LLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

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

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

DEEPAK L. PATEL

, hereby resigns as

Name of Registered Agent

Registered Agent for **A & S VENTURE GROUP LLC**

Name of Limited Liability Company

L13000017091

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.

Deepak Patel

Signature of Resigning Agent

If signing on behalf of an entity:

Deepak. Patel

Typed or Printed Name

Capacity

FILING FEES:

\$ 25.00	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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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)

14 JUN -6 AM 9:42

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TALLAHASSEE, FLORIDA

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