

L13000104523

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC -9 2013

T. BROWN

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** \_\_\_\_\_

Ash Partners LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** \_\_\_\_\_

L 13000104523

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:

Marie Roseme

Name of Person

Ash Partners LLC

Name of Firm/Company

5505 BANYAN LANE TAMARAC

Address

TAMARAC FLORIDA 33319

City/State and Zip Code

AshPartnersLLC@gmail.com

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

For further information concerning this matter, please call:

Dolce Gregory

Name of Person

at ( 305 ) 781-2145

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

MARIE Roseme, hereby resigns as  
Name of Registered Agent

Registered Agent for Ash Partners LLC  
Ash Partners LLC  
Name of Limited Liability Company

L 13000104523  
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.

Marie Roseme  
Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
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withdrawn limited liability company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**

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