

L13000154556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

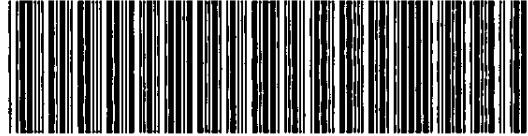
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400276841704

09/09/15--01019--007 **135.00

15 SEP -9 PM 2:35
SEP 11 2015

SEP 11 2015

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AEB, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L13000154556

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:

Sami Zrida

Name of Person

AEB, LLC

Name of Firm/Company

2947 Vineland Road

Address

Kissimmee, Florida 34746

City/State and Zip Code

gourmetajine@gmail.com

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

For further information concerning this matter, please call:

Sami Zrida

Name of Person

at (631) 405-0690
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

ALFRED FELLERATH

Name of Registered Agent

, hereby resigns as

Registered Agent for

AEB, LLC

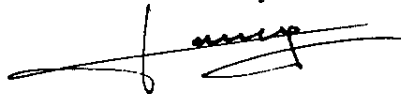
Name of Limited Liability Company

L13000154556

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:

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