

L14 00000 7880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

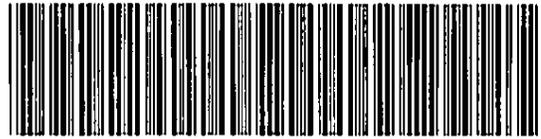
(Business Entity Name)

(Document Number)

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JAN 21 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AXIOM 169. LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L1400007880

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:

Joanne Etienne
Name of Person

AXIOM 169. LLC
Name of Firm/Company

3115 Rolling Hills Lane
Address

Apopka, FL 32712
City/State and Zip Code

help_zone2003@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Johanne Etienne at (407) 782-4817
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Lomness CPA Services, PA

, hereby resigns as

Name of Registered Agent

Registered Agent for AXIOM 169, LLC

Name of Limited Liability Company

L14000007880

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:

Katie Lomness

Typed or Printed Name

President

Capacity

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DEPARTMENT OF STATE

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