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OF THE ORDER

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S. WARREN 0CT 1 1 2017

## **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT:	AAII Ventures LLC	;
SOBJECT.	Name of Limited Liability	Company
DOCUMENT NUMBER:	BER:L14000088525	
The enclosed Resignation of Reg for filing.	istered Agent for a Limited	Liability Company and fee are submitted
Please return all correspondence	concerning this matter to th	ne following:
Kaitie Spe	erry	
Name of Pe	erson	
Corporate Di	rect, Inc.	
Name of Firm/	Company	•
2248 Meridian	Blvd., Ste H	
Addres	S	•
Minden, NV	89423	
City/State and 2	Zip Code	•
info@corporate		
E-mail address: (to be used for fu	ture annual report notification)	•
For further information concerni-	ng this matter, please call:	
Kaitie Sperry	775	782-2201
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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	of section 605.0115, Florida Statutes, the u	ndersigned.	
Gerri Detweiler Name of Registered Agent		_ , hereby resigns as	
	Name of Limited Liability Company		_,
L1400008	8525		
Document Number	er, if known		
A copy of this resignation v	vas mailed to the above listed limited liabi	lity company at its last known address	<b>;</b> .
The agency is terminated a	nd the office discontinued on the 31st day	after the date on which this statement	is filed.
	Herri Detweeter Signature of Resigning Age	17 OCT 10 AM IO: 13 SECRETARIANS SEE, FLORIDA	~r]
If signing on behalf of an en	ntity:	SS <b>5</b>	=
	Gerri Detweiler	mg 🌪	m
_	Typed or Printed Name	75 <b>5</b>	
	Registered Agent		
_	Capacity		

## FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ withdrawn limited liability company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