## 114000139676

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PLEASE FILE THE ATTACHED RESIGNATION OF REGISTERED AGENT FOR:

548 CHELSEA VENTURE, LLC

PLEASE RETURN A STAMPED OPY

CHECK# 8660 FOR: \$25.00

THANK YOU!

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

Pursuant to the provisions of section 605.0115. Florida Statutes, the undersigned. ATRIUM REGISTERED AGENTS, INC. , hereby resigns as Name of Registered Agent Registered Agent for \_\_\_\_\_ 548 CHELSEA VENTURE, LLC Name of Limited Liability Company Ģ L14000139676 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 state agency is terminated and the office discontinued on the state agency is terminated and the office discontinued on the state agency is terminated and the office discontinued on the state agency is terminated and the office discontinued on the state agency is terminated and the office discontinued on the state agency is terminated and the office discontinued on the state agency is terminated and the office discontinued on the state agency is terminated and the office discontinued on the state agency is terminated and the office discontinued on the state agency is the state agency is the state agency is the state agency is the state agency in the state agency is the state agency is the state agency is the state agency is the state agency in the state agency is the state agency is the state agency is the state agency is the state agency in the state agency is the state agency in the state agency is the state agency is the state agency in the state agency is the state agency in the state agency is the state agency in the state agency is the state agency is the state agency in the state agency in the state agency is the state agency in the state agency is the state agency in the state agency in the state agency is the state agency in the state agency in the state agency is the state agency in the state agency in the state agency is the state agency in the state agency in the state agency is the state agency in the state agency in the state agency is the state agency in the state agency in the state agency is agency in the state agency in the state agency is agency in the state agency in the state agency in the state agency is agency in th Signature of Resigning Agent If signing on behalf of an entity: TODD N. ROSENBERG Typed or Printed Name VICE PRESIDENT, DIRECTOR

FILING FEES:

\$ 85.00

Capacity

Active limited liability company
Administratively dissolved/ voluntarily dissolved/ \$ 25.00 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