

L15000 107214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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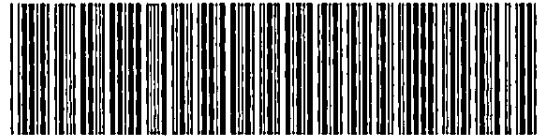
(Business Entity Name)

(Document Number)

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19 APR 10 PM 5:14  
TALLAHASSEE, FLORIDA

04/17/19

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AGB VENICE, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L15000107214

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:

ROGER H. MILLER III, ESQ.  
Name of Person

FARR LAW FIRM  
Name of Firm/Company

99 NESBIT ST  
Address

PUNTA GORDA, FL 33950  
City/State and Zip Code

SFAIRCLOTH@FARR.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROGER H. MILLER III, ESQ. at ( 941 ) 6391158  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 section 605.0115, Florida Statutes, the undersigned,

**ROGER H. MILLER III**

\_\_\_\_\_ hereby resigns as

Name of Registered Agent

Registered Agent for **AGB VENICE, LLC**

\_\_\_\_\_

Name of Limited Liability Company

**L15000107214**

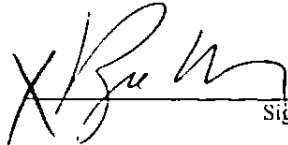
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Document Number, if known

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**19 APR 10 PM 5:14**  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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:

**Roger H. Miller III**

\_\_\_\_\_

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**