

L15 000 107471

(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:

6666

Office Use Only



100344940871

05/21/20--01012--009 **110.00

LLC
RA Resign.

06/16/20

JK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACE & W Investments, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L15000107471

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:

Daniel W. Anderson, Esq.

Name of Person

Anderson Law Group

Name of Firm/Company

13577 Feather Sound Dr., Suite 500

Address

Clearwater, FL 33762

City/State and Zip Code

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

For further information concerning this matter, please call:

Daniel W. Anderson, Esq.

Name of Person

at (727) 329-1999

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Yuan Zheng _____, hereby resigns as

Name of Registered Agent

Registered Agent for ACE & W Investments, LLC

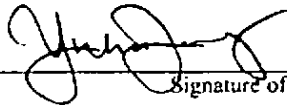
Name of Limited Liability Company

L15000107471

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:

Yuan Zheng

Typed or Printed Name

member

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