# L160000020626

(Requestor's Name)	
(Address)	
(Address)	
(	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
(Locument Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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Office Use Only



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### COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: ATEMS, LLC  Name of Limited Liability	ty Company	<del></del>
DOCUMENT NUMBER: L16000020628		
The enclosed Resignation of Registered Agent for a Limite for filing.	ed Liability Company an	d fee are submitted
Please return all correspondence concerning this matter to	the following:	
United States Corporation Agents, Inc.		
Name of Person	_	
Legalzoom.com, Inc.		
Name of Firm/Company	<del></del>	
9900 Spectrum Dr.		
Address	_	
Austin, TX 78717		
City/State and Zip Code	_	20
raresignations@legalzoom.com		122 H
E-mail address: (to be used for future annual report notification)	<del>-</del>	
For further information concerning this matter, please call	:	<u> </u>
at ( <u>800</u>	773-0888	
Name of Person Area Cod	le Daytime Telephone N	umber 2

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision	s of section 605.0115, Florida Statute	s, the undersigned,			
United States Corpo	, hereby resigns as	S			
Name of Registered Agent					
Registered Agent for $\frac{A^2}{A^2}$	TEMS, LLC	······································			
	Name of Limited Liability Compa	any		<del></del> ,	
L16000020628					
Document Nu	mber, if known				
A copy of this resignation	n was mailed to the above listed limite	ed liability company at its las	t known addr	ess.	
The agency is terminated	I and the office discontinued on the 31	Ist day after the date on which	h this stateme	nt is f	iled.
	Signature of Resig	gning Agent			
If signing on behalf of a	n entity:		•	20	
	Cheyenne Moseley		12 (5) 17 J	2022 HAY	'er (F)
	Typed or Printed Nam	ne	<u> </u>	25	1 8
	Asst. Secretary for United States Corp	poration Agents, Inc.		91	; 2.19 ;
	Capacity			) 7m	
				II: 2	أريب
	FILING FEES: \$ 85.00 Active limited \$ 25.00 Administrative withdrawn lin	l liability company ely dissolved/ voluntarily dis nited liability company	ssolved/	21	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314