L160000 22565

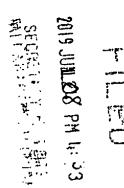
(1	Requestor's Name)	. <u> </u>	
(,	Address)		
(,	Address)		
(1	City/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates of S	Status	
Special Instructions to Filing Officer:			

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TO: Registration Section Division of Corporations	·	
· ·	ų.	<i>‡</i>
SUBJECT: A Eccentric Sol, LLC		
Name	of Limited Liability	Company
DOCUMENT NUMBER: L160000225	565 	
The enclosed Resignation of Registered Afor filing.	Agent for a Limited	d Liability Company and fee are submitted
Please return all correspondence concerni	ing this matter to th	ne following:
United States Corporation Agents, In	C.	
Name of Person		-
Legalzoom.com, Inc.		
Name of Firm/Company	·	
9900 Spectrum Dr.		
Address		
Austin, TX 78717		
City/State and Zip Code		
E-mail address: (to be used for future annual	report notification)	
For further information concerning this m	atter, please call:	
Janna Pantoja	1 800	773-0888 x3950 Daytime Telephone Number
Name of Person	Area Code	Daytime Telephone Number
Enclosed is a check made payable to the fliability company or \$25.00 for an admini	Plorida Department	

hability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

PECEIVED JUN 2 4 2019

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.0115, Florida Statutes, the unc	fersigned.
United States Corporation Agents, Inc		_ , hereby resigns as
		Hereby resigns as
Registered Agent for A	Eccentric Sol, LLC	
	Name of Limited Liability Company	······································
L16000022565		
Document Nr.	imber, if known	
A copy of this resignation	on was mailed to the above listed limited liability	y company at its last known address.
The agency is terminated	d and the office discontinued on the 31st day aft Signature of Resigning Agent	
If signing on behalf of a	n entity:	86 89
Cheyenne Moseley		sgents, Inc.
	Typed or Printed Name	
	Asst. Secretary for United States Corporation A	
	Capacity	

FILING FFES:
\$ 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