116000063004

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	Idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
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02/15/17--01004--015 **85.00



COVER LETTER

SUBJECT: ASAP Auction House LLC Name of Limited Liability Company,
DOCUMENT NUMBER: <u>L</u> (<u>U</u> <u>0000</u> <u>43004</u>
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:
Emily D. Mason Name of Person
(teacher)
Name of Firm/Company
7920 Burnt Chimney Rd. Address
Wirtz VA a4184 City/State and Zip Code
edmasona9 egmai. Com E-mail address: (to be used for futher annual report notification)
For further information concerning this matter, please call:
Emily D. Masa at (540) 3 Cele - 243/

MAILING ADDRESS:

liability company.

TO: Registration Section Division of Corporations

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,	
Emily D. Mason, hereby resigns as	
Name of Registered Agent	
Registered Agent for ASAP Auction House LLC	
Name of Limited Liability Company	
L160000 63004	
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	d.
If signing on behalf of an entity: Emily D. Mason Typed or Printed Name Registered Agent * Capacity Capacity	7
FILING FEES: \$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company	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

INHS17 (2/14)

*Buddy P. Mason made my electronic signature to establish this LCC I did not sign L1600004.