

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

L16000071741

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : A1A REGISTERED AGENT INC.  
Account Number : I20090000032  
Phone : (561)792-2236  
Fax Number : (561)202-8082

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC REGISTERED AGENT RESIGNATION  
ATHILL'S DENTURE REPAIR LABORATORY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

H22000266947 3

**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

A1A REGISTERED AGENT INC.

, hereby resigns as

Name of Registered Agent

Registered Agent for ATHILL'S DENTURE REPAIR LABORATORY, LLC

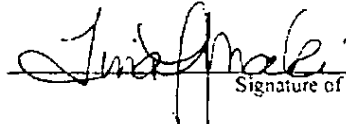
Name of Limited Liability Company

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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:

TINA MAKI

Typed or Printed Name

DP

Capacity

**FILING FEES:**

\$ 85.00

Active limited liability company

\$ 25.00

Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability companyMake checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 323142022 AUG - 8 PM 4:30  
FILED  
FLORIDA

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