

Florida Department of State  
 Division of Corporations  
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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
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DIVISION OF CORPORATIONS  
 FLORIDA

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# 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

LI6000071741

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.

Tina Maki  
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withdrawn limited liability company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)

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STATE OF FLORIDA  
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