

L16000184622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

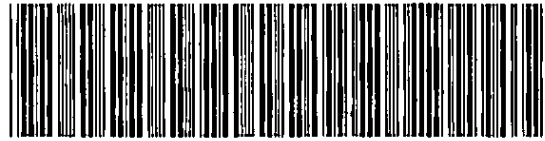
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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K. SALY

JAN 17 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A5 MANAGEMENT LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L16000184622

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:

DOUGLAS D. STRATTON

Name of Person

LAW OFFICE OF DOUGLAS D. STRATTON, P.A.

Name of Firm/Company

407 LINCOLN ROAD SUITE 2A

Address

MIAMI BEACH, FL 33139

City/State and Zip Code

douglas@srlawfirm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DOUGLAS D. STRATTON

at (305) 672-7772

Name of Person

Area Code

Daytime Telephone Number

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions of section 605.0115, Florida Statutes, the undersigned,

DOUGLAS D. STRATTON

Name of Registered Agent

, hereby resigns as

Registered Agent for A5 MANAGEMENT LLC

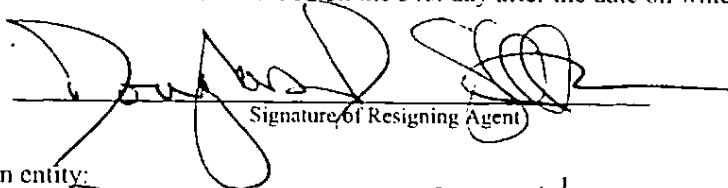
Name of Limited Liability Company

L16000184622

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:

DOUGLAS D. Stratton
Typed or Printed Name
Registered Agent
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

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STATE DEPT OF CORP. DIVISION
18 JAN 16 PM 1:15