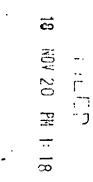
116000197471

(Re	equestor's Name)
(Ac	ddress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Ви	usiness Entity Na	me)
(Do	ocument Number)
Certified Copies	Certificate	es of Status
Special Instructions to	Filing Officer:	
	Office Use O	niv



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O SIMMONS DEC 0 1 2018

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: AJB Marketing Ventures, L	LLC	
Name	of Limited Liability	Company
DOCUMENT NUMBER: L160001974	71	
The enclosed Resignation of Registered A for filing.	egent for a Limited	Liability Company and fee are submitted
Please return all correspondence concerni	ng this matter to th	e following:
United States Corporation Agents, Inc	3 .	
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:	
Kasandra Lund	1 800 at (773-0888 x3951
Name of Person	Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Fliability company or \$25.00 for an adminitiability company.	lorida Department stratively dissolved	of State for \$85.00 for an active limited I, voluntarily dissolved or withdrawn limite
MAILING ADDRESS:	STREE	T ADDRESS:

Registration Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

INHS17 (2/14)

P.O. Box 6327

Registration Section

Division of Corporations

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.011	5. Florida Statutes, the unders	igned.	
United States Corp	oration Agents, Ir	ıc.	hereby resigns as	
	Name of Registered Age		neredy resigns as	
Registered Agent for A	JB Marketing Ver	ntures, LLC		
registered Agent for	<u> </u>			
	Name of Lin	nited Liability Company		- 50.
				20
L16000197471				۱۰۰۰ سن است
Document Number, if known				学
		above listed limited liability co		·
If signing on behalf of a	n entity:	Resigning Agent		
	Cheyenne Mose	elev		
		yped or Printed Name		
		 Inited States Corporation Ager	nts, Inc.	
		Capacity		
	<u>FILING</u> \$ 85.00 \$ 25.00	FEES: Active limited liability con Administratively dissolved, withdrawn limited liability	/ voluntarily dissolved	i/

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314