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A. RIVERS

A. RIVERS

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COVER LETTER

TO: Registration Division of	on Section of Corporations	,	• ,	6.1	k Pa	, A
SUBJECT: FA	B TECHNOLO	GIES, L	LC ty Company	• · · · · · · · · · · · · · · · · · · ·		* -
DOCUMENT N	UMBER: L16000222279)				_
	ignation of Registered Age		ed Liability	y Compar	ny and fee a	re submitted
Please return all o	correspondence concerning	this matter to	the follow	ring:		
United States C	Corporation Agents, Inc.		_			
	Name of Person					
Legalzoom.con						
	Name of Firm/Company		_			
9900 Spectrum	Dr.					
	Address					
Austin, TX 787	17					
	City/State and Zip Code					
raresignations(@legalzoom.com					
E-mail address	: (to be used for future annual re	port notification)			
For further inform	nation concerning this mat	ter, please cal	l:			
		800	773-0	888		_
<u></u>	lame of Person	Area Co	de Daytin	ne Telepho	ne 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision	ons of section 605.0115, Florid	a Statutes, the undersigned,	
United States Corporation Agents, Inc. , hereby resignated Agent			ens as
			,10 40
Registered Agent for _	AB TECHNOLOGIES, LI	LC	
			·
	Name of Limited Liabi	nty Company	
L16000222279			
Document N	umber, if known		
A copy of this resignati	on was mailed to the above lis	ted limited liability company at it	s last known address.
The agency is terminate	ed and the office discontinued	on the 31st day after the date on v	which this statement is filed
		И	
	Signatur	re of Resigning Agent	202
If signing on behalf of a	an entity:		FIL 2022 DEC 27 SECRETANS TALL AMASS
	Cheyenne Moseley		
	Typed or Pr	rinted Name	27 A
	Asst. Secretary for United St		
	Capacity		AMD: 13
			65 5
	FILING FEES: \$ 85.00 Active \$ 25.00 Admit withd	e limited liability company nistratively dissolved/ voluntaril rawn limited liability company	y dissolved/

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