# L18000 033 149

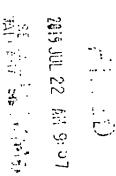
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(Docum	nent Number)	<u>.</u>
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## **COVER LETTER**

	Registration Section Division of Corporations	
SUBJE	ECT: AKEN ASSOCIATES, LLC  Name of Limited Liability Company	
DOCUM	UMENT NUMBER: <u>L18000033149</u>	
	nclosed Resignation of Registered Agent for a Limited Liability C tted for filing.	Company and fee are
Please re	return all correspondence concerning this matter to the following	5. 1.
United	d States Corporation Agents, Inc.	
	Name of Person	
Legalzo	Izoom.com, Inc.	
	Name of Firm/Company	
101 No	North Brand Blvd. 11th Floor	
	Address	
Glenda	dale, CA 91203	
	City/State and Zip Code	
E-m	gnations@legalzoom.com -mail address: (to be used for future annual report notification) rther information concerning this matter, please call:	
	-	
Kasandr	<u>dra Lund</u> at (1800) 773-088	
	Name of Person Area Code Daytime T	elephone Number
liability	sed is a check made payable to the Florida Department of State for ty company or \$25.00 for an administratively dissolved, voluntar d liability company.	or \$85.00 for an active limite Ily dissolved or withdrawn

### 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 provis	ions of section 605.0115. Florida Statutes, the undersigned	ed,	
United States Cor	, hereby resigns as		
Name of Registered Agent			
Registered Agent for_	AKEN ASSOCIATES, LLC		<del></del>
	Name of Limited Liability Company	<del></del>	·
L18000033149		<del>***</del> **	<b>6</b>
Document Number, if known		7	دگ دگ پر ۱۹۰۰ پر
A copy of this resigna  The agency is terminate	Number, if known  tion was mailed to the above listed limited liability comp ed and the office discontinued on the 31st day after the date	any at its last kno on which this state	ement is filed
	Signature of Resigning Agent	— (है) होते हेर्च हेर्च	çı Çı
If signing on behalf of	an entity:		
	Cheyenne Moseley		
	Typed or Printed Name		
	Asst. Secretary for United States Corporation Agents, Inc.	<b>&gt;</b> .	
	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