# LIS 000 166216

(Re	equestor's Name)	<del>-</del>
(Ad	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
_	_	
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Cun sint to stay stings to	Filia Office	
Special Instructions to	Filing Officer:	

Office Use Only



000355000320

11/18/20--01013--021 \*\*25.00

### **COVER LETTER**

SUBJECT: Ashlyn Cole LLC Name of Limited Liability	Company
DOCUMENT NUMBER: L18000166216	
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	he following:
United States Corporation Agents, Inc.	
Name of Person	-
Legalzoom.com, Inc.	
Name of Firm/Company	-
101 North Brand Blvd. 11th Floor	
Address	
Glendale, CA 91203	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
at (	773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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 provisio	ons of section 605.01	15, Florida Statutes, the under	signed.		
United States Corporation Agents, Inc hereby re			hereby regions as		
			nerety resigns as		
Registered Agent for A	shlyn Cole LLC		·	<del></del> .	_
	Name of Li	mited Liability Company	<del></del>		~,
L18000166216					
Document Ni	umber, it known	···			
A copy of this resignation	on was mailed to the	above listed limited liability c	company at its last known	address	
The agency is terminate	d and the office disc	ontinued on the 31st day after	the date on which this sta	itement :	is filed.
	(	Signature of Resigning Agent.			
If signing on behalf of a	in entity:				
	Cheyenne Mos	eley			
		Typed or Printed Name	<del></del>	2	
	Asst. Secretary for	United States Corporation Age	ints, Inc	920	
		Capacity	<u></u>	. OV	
				2020 NOV 18	A contractor
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability cor Administratively dissolved withdrawn limited liability	I/ voluntarily dissol <b>vet</b> k≡	AM 10: 22	

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

. . . . 💉