118000179615

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Registration Section Division of Corporations

TO:

SUBJECT: Ascot Sellers L.L.C.			
Name of Limit	ed Liability Company		
DOCUMENT NUMBER: L18000179615			
The enclosed Resignation of Registered Agent fo for filing.	r a Limited Liability Company and fee are submitted		
Please return all correspondence concerning this i	natter to the following:		
United States Corporation Agents, Inc.			
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 no	offication)		
For further information concerning this matter, pl	ease call:		
or (1 800		
Name of Person	Area Code Daytime Telephone Number		
Enclosed is a check made payable to the Florida I	Department of State for \$85.00 for an active limited ly dissolved, voluntarily dissolved or withdrawn limite		
MAILING ADDRESS:	STREET ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

INFIST7 (2/14)

P.O. Box 6327

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115, Florida Statutes, the under	signed,			
United States Corporation Agents, Inc.		hereby resigns as	chy resions as		
	Name of Registered Agent	nereoy reargas as			
Registered Agent for _	Ascot Sellers L.L.C.				
	Name of Limited Liability Company	 		'	
L18000179615					
Document 8	Sumber, if known				
A copy of this resignat	ion was mailed to the above listed limited liability c	company at its last l	known add	íress.	
The agency is terminat	ed and the office discontinued on the 31st day after Signature of Resigning Agent	the date on which t	this statem ≸co		iled.
lf signing on behalf of	an entity:				•••
	Cheyenne Moseley			2015 JUN 24	.
	Typed or Printed Name		7()	F	ورومدي ا
	Asst. Secretary for United States Corporation Age	ints, Inc.		7	
	Capacity		1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	ود :۱	6- 0 -1

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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