# 118000 220 983

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	.IL
(Business Entity Name)	
(Business Entity Harrie)	
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RA Resignation

JUL 5 / 2020

D CUCHING

### **COVER LETTER**

TO: Registration Section Division of Corporations	•	. •	
SUBJECT: Arkon Lab LLC			
Name of L	Limited Liabili	ty Company	_
DOCUMENT NUMBER: L18000220983			
The enclosed Resignation of Registered Ages for filing.	nt for a Limite	ed Liability Company and fee a	re submitted
Please return all correspondence concerning to	this matter to	the following:	
United States Corporation Agents, Inc.			
Name of Person	<del></del> -	-	
Legalzoom.com, Inc.			
Name of Firm/Company	<u> </u>	_	
101 North Brand Blvd. 11th Floor			
Address		_	
Glendale, CA 91203			3EV 20
City/State and Zip Code		_	量が
raresignations@legalzoom.com			75 CS CS
E-mail address: (to be used for future annual repo	ort notification)	_	-p :200
For further information concerning this matte	r, please call:		H: O
Janna Pantoja	800	773-0888 x3950	ATIONS
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 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 provisions of sect	tion 605.011	5. Florida Statutes, the und	ersigned,		
United States Corporation Agents, Inc.  Name of Registered Agent			_		
			, hereby resigns as		
Registered Agent for Arkon La	b LLC				
	Name of Lim	ited Liability Company			
L18000220983					
Document Number, if kn	nown	<del></del>			
The agency is terminated and the   If signing on behalf of an entity:	office disco	ntinued on the 31st day after Signature of Resigning Agent	er the date on which this state	ment is f	īled.
•	enne Mose	lev		2	See
<del></del>	T	yped or Printed Name Inited States Corporation Ag	gents, Inc.	0 ,834 1	
<del></del>		Capacity		ص <u>.</u> م	2007 7.8% 1.3%
	FILING \$ 85.00 \$ 25.00	Active limited liability c	ed/ voluntarily dissolved/	\$0 th #d	PORATIONS

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