

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax and email number (shown below) on the top and bottom of all pages of the document.

((H21000099084 3)))



H210000990843ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P
Account Number : 076077001702
Phone : (407)841-1200
Fax Number : (407)423-1831

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC REGISTERED AGENT RESIGNATION
ACE ANDERSEN GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$85.00

MAR 12 2021

M. SOLOMON

(((H21000099084 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACE ANDERSEN GROUP, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L18000232196

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LINDY BRIGLIA

Name of Person

DEAN, MEAD, MINTON & MOORE

Name of Firm/Company

1903 S. 25TH STREET, SUITE 200

Address

FORT PIERCE, FL 34947

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LINDY BRIGLIA

Name of Person

at (772) 464-7700

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

INHS17 (2/14)

(((H21000099084 3)))

(((H21000099084 3)))

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

DEAN MEAD SERVICES, LLC

Name of Registered Agent

, hereby resigns as

Registered Agent for ACE ANDERSEN GROUP, LLC

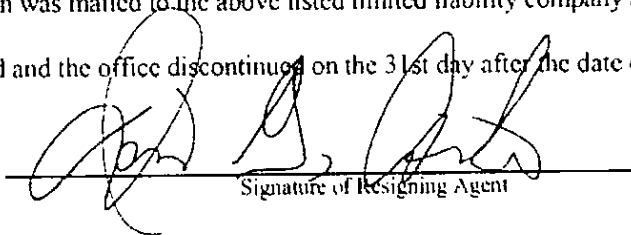
Name of Limited Liability Company

L18000232196

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

DENNIS G. CORRICK, ESQ.

Typed or Printed Name

VICE PRESIDENT

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

INHS17 (2/14)

(((H21000099084 3)))

FILED
2021 MAR 11 PM 12:24
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA