# L19000 128243

| (Requestor's                             | Name)               |  |  |
|------------------------------------------|---------------------|--|--|
| (Address)                                |                     |  |  |
| (Address)                                |                     |  |  |
| (City/State/Zip                          | )/Phone #)          |  |  |
| PICK-UP W                                | AIT MAIL            |  |  |
| (Business En                             | tity Name)          |  |  |
| (5)                                      | uh- )               |  |  |
| (Document No                             | umber)              |  |  |
| Certified Copies Cert                    | tificates of Status |  |  |
| Special Instructions to Filing Officer:  |                     |  |  |
|                                          | DENNIS              |  |  |
| UA U | 13 1 1 2023         |  |  |
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2023 JUN 23 PM 3: 27

FILED FILED STATE CORPORATION

### COVER LETTER

Division of Corporations SUBJECT: ASL Outdoor Group LLC Name of Limited Liability Company DOCUMENT NUMBER: L19000128243 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: 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 raresignations@legalzoom.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Name of Person

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

Daytime Telephone Number

TO:

Registration Section

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

| Pursuant to the provisions                                       | s of section 605.0113            | 5, Florida Statutes, the unde                                                                     | rsigned,                                         |                      |               |
|------------------------------------------------------------------|----------------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------|---------------|
| United States Corporation Agents, Inc.  Name of Registered Agent |                                  | _ , hereby resigns as                                                                             |                                                  |                      |               |
|                                                                  |                                  | nt                                                                                                | Hereby resigns as                                |                      |               |
| Registered Agent for AS                                          | L Outdoor Group                  | LLC                                                                                               |                                                  |                      |               |
| -                                                                | Name of Limi                     | ited Liability Company                                                                            |                                                  | ,                    |               |
| L19000128243                                                     |                                  |                                                                                                   |                                                  |                      |               |
| Document Num                                                     | iber, if known                   | <del></del>                                                                                       |                                                  |                      |               |
| A copy of this resignation                                       | was mailed to the a              | bove listed limited liability                                                                     | company at its last known                        | ı address.           |               |
| The agency is terminated                                         | and the office discor            | ntinued on the 31st day after                                                                     | the date on which this st                        | atement is file      | eđ.           |
| -                                                                |                                  | Signature of Resigning Agent                                                                      |                                                  |                      |               |
| If signing on behalf of an                                       | entity:                          |                                                                                                   |                                                  |                      |               |
| ı                                                                | Cheyenne Mosel                   | ley                                                                                               |                                                  |                      |               |
| -                                                                | Ty                               | sped or Printed Name                                                                              |                                                  |                      |               |
| ,                                                                | Asst. Secretary for U            | nited States Corporation Age                                                                      | ents, Inc.                                       |                      |               |
|                                                                  | FILING 1<br>\$ 85.00<br>\$ 25.00 | Capacity  FEES:  Active limited liability co Administratively dissolve withdrawn limited liabilit | mpany<br>d/ voluntarily dissolved/<br>ty company | 2029 JUN 23 PH 3: 27 | SET OF TABLED |

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