# 49000170639

(Re	equestor's Name)		
(Ad	dress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	: #)	
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Nam	ne)	
(Do	ocument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

Office Use Only



400335122904

19/98/19--01926--904 \*\*25.00

. ig: >3

RARES

OCT 29 TOTAL I ALBRITTON

### **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: ASF Investments Limited Liability Compan	У
Name of Limited Liability	y Company
DOCUMENT NUMBER: L19000170639	
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 t	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:	
Janna Pantoja at (1800 Name of Person Area Code	773-0888 x3950 ) Daytime Telephone Number
Name of Ferson Area Code	Dayame reteptione retition

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision	ns of section 605.0115, Fl	orida Statutes, the undersi	igned,	
United States Corp	oration Agents, Inc.	1	nereby resigns as	
	Name of Registered Agent		, ,	
Registered Agent for A	SF Investments Limit	ed Liability Company		
	Name of Limited 1	liability Company		
L19000170639				
Document N	imber, if known			
A copy of this resignation	on was mailed to the above	listed limited liability co	ompany at its last known addr	ess.
	Sign	nature of Resigning Agent	he date on which this stateme	nt is filed.
If signing on behalf of a	n entity:			
	Cheyenne Moseley			
	Typed	or Printed Name	<del></del>	
Asst. Secretary for United States Corporation Agents, Inc.			its, Inc.	-
	Ci	pacity		'-; 3
	<b>FILING FEI</b> \$ 85.00 Ac \$ 25.00 Ac	S: tive limited liability com lministratively dissolved/ ithdrawn limited liability	ipany / voluntarily dissolved/ - company	

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