

L19 000258238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

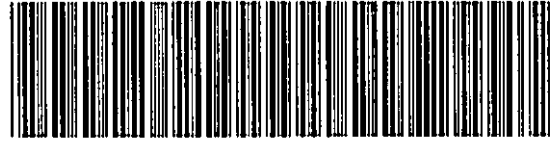
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

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DEC 13 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARG Sales LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L19000258238

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:

Martin A. Rothbard

Name of Person

Rothbard & Company LLC

Name of Firm/Company

8211 W Broward Blvd, Suite 440

Address

Plantation, FL 33324

City/State and Zip Code

alangreen1103@gmail.com

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

For further information concerning this matter, please call:

Martin A. Rothbard

954

321-9991

at (

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Rothbard & Company LLC, hereby resigns as
Name of Registered Agent

Registered Agent for ARG Sales LLC

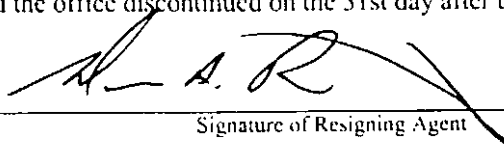
Name of Limited Liability Company

L19000258238

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:

Martin A. Rothbard

Typed or Printed Name

Member Manager

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

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TALLAHASSEE, FL