119 000 29 33 70

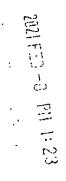
(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busir	ness Entity Na	me)
(Docu	ment Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ing Officer:	

Office Use Only



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2 2/02/21

COVER LETTER

TO: Registration Section Division of Corporations	•
·	
SUBJECT: Anthony Asset Group LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L19000293370	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	e 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:	
800 at (773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision	ns of section 605.011;	5, Florida Statutes, the unders	signed.	
United States Corp	oration Agents, In	C.	hereby resigns as	
Name of Registered Agent			nereo, resigns as	, ro wo
Registered Agent for A	nthony Asset Gro	up LLC		-
	Name of Lim	ited Liability Company		.•
L19000293370				
Document Nu	mber, if known			
A copy of this resignation	on was mailed to the a	bove listed limited liability c	ompany at its last known address.	
The agency is terminate	d and the office disco	ntinued on the 31st day after Signature of Resigning Agent	the date on which this statement is	s filed
It signing on behalf of a	n entity:			
	Cheyenne Mose	eley		
	T	yped or Printed Name		
	Asst. Secretary for U	Inited States Corporation Age		
		Capacity	23/1 FE d	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability cor Administratively dissolved withdrawn limited liabilit	mpany d/ voluntarily dissolved/	

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