# L20000276943

(Re	equestor's Name)	-		
(Ac	ddress)			
(Ac	ldress)			
(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	MAIT	MAIL		
(Bı	usiness Entity Na.	me)		
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				





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FILED
2023 MAY 26 PM 2: 08

### **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: ASHTON ENTERTAINMENT LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L20000276943	
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	ne following:
Ryan Potter	
Name of Person	
ZenBusiness Inc.	
Name of Firm/Company	
336 E. College Ave. Suite 301	
Address	
Tałłahassee, FL 32301	
City/State and Zip Code	
ra@zenbusiness.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Ryan Potter 844 at (	493-6249
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provis	ions of section 605.011	<ol><li>Florida Statutes, the under</li></ol>	signed.			
REGISTERED AGENTS INC. , hereby resigns as						
Registered Agent for	ASHTON ENTERTAIN	MENT LLC				
	Name of Lin	nited Liability Company				
1.20000276943						
Document l	Number, if known					
A copy of this resigna	tion was mailed to the a	above listed limited liability of	company at its last k	nown addre	ess.	
The agency is termina	ted and the office disco	ontinued on the 31st day after	the date on which th	nis statemer	nt is f	īled.
	David X	Signature of Resigning Agent				
If signing on behalf of	an entity:					
	REGISTERED AGE	NTS INC, by David Roberts				
	7	yped or Printed Name		TA:	202	
	Assistant Secretary			- - - - - - - - - - - - - - - - - - -	ين حد	•
		Capacity		HASS	2023 MAY 26	11
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability co Administratively dissolve withdrawn limited liability	mpany d/ voluntarily dissol ty company	EE.F	5 PM 2: 08	

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