

22 000285758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

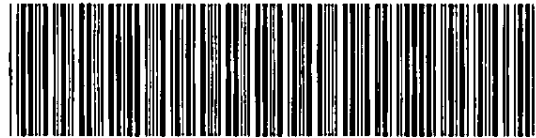
(Business Entity Name)

(Document Number)

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2022 SEP 29 PM 12:51

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ASX SERVICES LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L22000285758

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:

FILIFE MARCONDES LUCHTENBERG

Name of Person

ASX SERVICES LLC

Name of Firm/Company

1413 SOUTHWEST 83RD AVE

Address

NORTH LAUDERDALE, FL 33068

City/State and Zip Code

f-marcondes@hotmail.com

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

For further information concerning this matter, please call:

FILIFE MARCONDES LUCHTENBERG

Name of Person

at (561) 866-4480
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

PRIME US BUSINESS STRATEGY INC

Name of Registered Agent

, hereby resigns as

Registered Agent for ASX SERVICES LLC

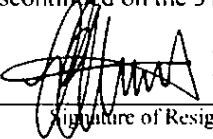
Name of Limited Liability Company

L22000285758

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.

 : 09/18/2022
Signature of Resigning Agent

If signing on behalf of an entity:

Patricia Mori Celegatto

Typed or Printed Name

President

Capacity

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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