L 22000435139

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COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: Abroniglove LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L22000435739	
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:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
9900 Spectrum Dr.	
Address	
Austin, TX 78717	
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 	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

ruisuant to the provision	ns of section 605.0115, Florida Statutes, the unde	rsigned,	
United States Corp	oration Agents, Inc.	, hereby resigns as	
	Name of Registered Agent	, hereby resigns as	
Registered Agent for A	broniglove LLC		
	News of Linia de Link II. C		
	Name of Limited Liability Company		
L22000435739			
Document Nu	mber, if known		
A copy of this resignatio	on was mailed to the above listed limited liability	company at its last know	vn address.
The agency is terminated	d and the office discontinued on the 31st day after	r the date on which this	statement is
	Trik Treutlein		
	Signature of Resigning Agent		
f signing on behalf of ar	n entity:		
	Erik Treutlein	••!	1~)
	Typed or Printed Name		4 <u>\$</u>
	Vice President on behalf of United States Corporation A	gents, Inc.	
	Capacity		1
			~~~
	FILING FEES: \$ 85.00 Active limited liability co \$ 25.00 Administratively dissolve withdrawn limited liability	d/ voluntarily dissolved	10: 20

filed.

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