L23000337618

(Re	equestor's Name)			
(Ad	dress)			
V 1-	,			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
,		,		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Cartified Conies	Codificatos	of Status		
Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			
,	J			
	<u>-</u>			

Office Use Only



200431311742

06/12/24--01020--026 **25.00

ALLAHASSEE FLORIUT PERMETAKE OF STATE

FILED
2024 JUN 12 AM 8: 23

COVER LETTER

Division of Corporations	•
SUBJECT: ABControls LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L23000337618	
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to t	he 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:	
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

Registration Section

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.011	5, Florida Statutes, the under	rsigned.	
United States Corporation Agents, Inc. Name of Registered Agent		, hereby resigns as		
			thereby resigns as	
Registered Agent for Al	BControls LLC	<u> </u>		
	Name of Lim	ited Liability Company		·
L23000337618				
Document Nu	mber, it known			
•	d and the office disco	ntinued on the 31st day after Treedlein Signature of Resigning Agent		
If signing on behalf of a	n entity:			-3
	Erik Treutlein		ents, Inc.	F11_F
	Typed or Printed Name			
	Vice President for United States Corporation Agents, Inc.		ants, Inc.	5 -
	FILING	Capacity	SEE. FLORIT	ED # 8: 23
	\$ 85.00 \$ 25.00	Active limited liability co Administratively dissolve withdrawn limited liabilit	mpany d/ voluntarily dissolved/ ty company	

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

Tallahassee, FL 32314