vision of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210001777483)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

42.5
<u>lij</u>
مالر
~~
1,2.1
$\bigcirc$
4.3
صير

To:

From:

S

Division of Corporations	rporations	:		Division	visio	o:
--------------------------	------------	---	--	----------	-------	----

Fax Number : (850)617-6380

Account Name : C T CCRPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

## REGISTERED AGENT RESIGNATION AO PRECISION MANUFACTURING LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	587.50

Electronic Filing Menu

Corporate Filing Menu

Help

DAY () 4 2021

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes	s. the undersigned,
NRAI SERVICES, INC	, hereby resigns as
Name of Registered Agent	, nercoy resigns as
Registered Agent for	
AO PRECISION MANUFACTURING LLC	
Name of Limited Liability Compa	ny
M0400000103	
Document Number, if known	
A copy of this resignation was mailed to the above listed limite	d liability company at its last known address.
The agency is terminated and the office discontinued on the 31s	st day after the date on which this statement is filed.
Kilod Judy Signature of Resign	
If signing on behalf of an entity;	ن
Kimberly Laughrey	
Typed or Printed Name	PH 3: 51
Assistant Secretary	<b>5</b> _
Capacity	

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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