

M04000002815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200289095782

08/19/16--01042--007 \*\*85.00

FILED  
16 AUG 19 PM 2:00  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

AUG 23 2016

Y SULKER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AG Beaumont 9, LLC

\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** M04000002815

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:

ROBIN MOLT

\_\_\_\_\_  
Name of Person

CORPORATION SERVICE COMPANY

\_\_\_\_\_  
Name of Firm/Company

80 STATE STREET

\_\_\_\_\_  
Address

ALBANY NY 12207

\_\_\_\_\_  
City/State and Zip Code

ROBINMOLT@CSCGLOBAL.COM

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

For further information concerning this matter, please call:

ROBIN MOLT

\_\_\_\_\_  
Name of Person

at ( 518 ) 433-7018  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,  
**CORPORATION SERVICE COMPANY**, hereby resigns as

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for **AG Beaumont 9, LLC**

\_\_\_\_\_  
Name of Limited Liability Company

**M04000002815**

\_\_\_\_\_  
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.



\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

**ROBIN MOLT**

\_\_\_\_\_  
Typed or Printed Name

**ASST SECRETARY**

\_\_\_\_\_  
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**