

M05000000857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

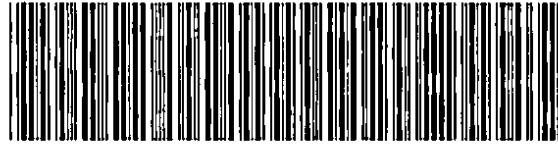
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800320988428

11/20/18--01012--020 \*\*65.00

11/20/18  
NOV 20 PM 1:22

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ASTROTURF, LLC

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

**DOCUMENT NUMBER:** M05000000857

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:

Laurie Wilson

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

Hubco Registered Agent Services, Inc.

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

238 West Jericho Turnpike

\_\_\_\_\_  
Address

Huntington Sta, NY 11746-3661

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

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

For further information concerning this matter, please call:

Laurie Wilson

at ( 516 ) 513-1186

\_\_\_\_\_  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

Hubco Registered Agent Services, Inc. \_\_\_\_\_, hereby resigns as

Name of Registered Agent

Registered Agent for ASTROTURF, LLC

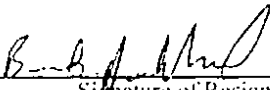
\_\_\_\_\_  
Name of Limited Liability Company

M05000000857

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:

Bruce B. Hubbard

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

President

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

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

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

Hubco Registered Agent Services, Inc.

, hereby resigns as

Name of Registered Agent

Registered Agent for ASTROTURF, LLC

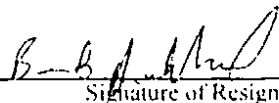
Name of Limited Liability Company

M05000000857

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:

Bruce B. Hubbard

Typed or Printed Name

President

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