# M0700001649

(Requestor's Name)
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(Madress)
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Y SULKER NOV 29 2021 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195					
REFERENCE : 258557 8323810					
AUTHORIZATION: Circle Reaction					
AUTHORIZATION : Circulation Cost Limit : \$ 25.00					
ORDER DATE: November 19, 2021					
ORDER TIME : 10:49 AM					
ORDER NO. : 258557-020					
CUSTOMER NO: 8323810					
Resignation of agent					
NAME: ASSET ACQUISITION GROUP, LLC					
*x Rsigwation					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY  PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING					
CONTACT PERSON: Alexxis Weiland-EXT#					

EXAMINER'S INITIALS:

## COVER LETTER

SUBJECT:\_\_ Name of Limited Liability Company DOCUMENT NUMBER: M07000001649 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: RESIGNATIONS DEPARTMENT Name of Person CORPORATION SERVICE COMPANY Name of Firm/Company 251 LITTLE FALLS DRIVE Address WILMINGTON, DE 19808 City/State and Zip Code ANNUALREPORTS@CSCGLOBAL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RESIGNATION DEPT Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations

TO:

## Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Pursuant to the provisions of section 605.0	115, Florida Statutes, the under	rsigned.		
CORPORATION SERVICE COMPANY		_ , hereby resigns as		
Name of Registered A	Agent	(Hereby resigns as		
Registered Agent for ASSET ACQUISITIO	N GROUP, LLC			_
Name of 1	Limited Liability Company	<del>-</del> -		<b>-</b> •
M07000001649				
Document Number, if known				
A copy of this resignation was mailed to the The agency is terminated and the office dis	-			
If signing on behalf of an entity:  BY  VICE PRESIDEN'  FILIN \$ 85.00	Capacity  G FEES:	d AM SOC SOC SOC SOC SOC SOC SOC SOC	2021 NOV 24 AM 8: 2:	
\$ 25.00		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