M13000007452

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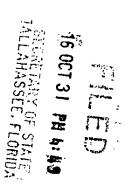
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COVER LETTER

SUBJECT: AF-SOUTHEAST, LLC Name of Limited Liability	C
M1300007452	
DOCUMENT NUMBER: M13000007452	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	e following:
Amanda Archambault	
Name of Person	
National Corporate Research, LTD.	
Name of Firm/Company	
850 New Burton Rd Suite 200	
Address	
Dover, DE 19904	,
City/State and Zip Code	$\mathcal{A}^{\mathfrak{h}}$
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Amanda Archambault 866	621-3524 ext. 3041 Daytime Telephone Number
Name of Person Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Florida Department liability company or \$25.00 for an administratively dissolved liability company.	of State for \$85.00 for an active limited l, voluntarily dissolved or withdrawn limited

MAILING ADDRESS:

TO: Registration Section Division of Corporations

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 provision	s of section 605.011:	5, Florida Statutes, the und	ersigned,		
National Corporate Research, LTD.			_, hereby resigns as		
	Name of Registered Ager		_,,,		
Registered Agent for AF	-SOUTHEAST, I	LLC			-
	Name of Lim	ited Liability Company			م
M13000007452					
Document Nur	mber, if known				
A copy of this resignatio	n was mailed to the a	above listed limited liabilit	y company at its last kno	own address.	
The agency is terminated	and the office disco	ntinued on the 31st day aft	er the date on which this	s statement i	s filed.
	Beooke	Nau Mary - Signature of Resigning Agent	tlayer_	, 	(-
If signing on behalf of ar	ı entity:		v	رد 1000 م))
	Brooke Daugher	rty-Hayes		SYH) Projection (
	T	yped or Printed Name		338	j. seen.
	Assistant Secret	tary		्र व्य	117
		Capacity		STATE LORIDA	0

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/voluntarily dissolved/withdrawn limited liability company