

M 17000003430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

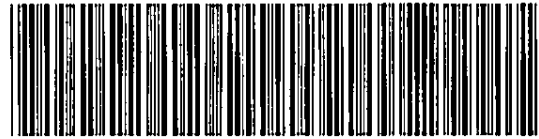
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STATE OF CALIFORNIA

2021 APR -5 AM 11:47

FILED

D BRUCE  
MAY 23 2021



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

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

COGENCY GLOBAL INC.

, hereby resigns as

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

Registered Agent for AHP LP7 FT MYERS, LLC

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

M17000003430

\_\_\_\_\_  
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.

*Kristie Tolliver*

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

If signing on behalf of an entity:

Kristie Tolliver

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

Assistant Secretary, COGENCY GLOBAL INC.

\_\_\_\_\_  
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withdrawn limited liability company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

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TALLAHASSEE, FL  
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