Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

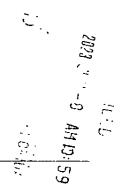
Account Name : COMPUTERSHARE Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

t-2	POG Agunna:	l report ma	ilings.	Enter	only	one	email	address	please.**
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NO.	PAR SICN LL AL	AFNF PUBLISHING, LLC							
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LLC REGISTERED AGENT RESIGNATION AFNF PUBLISHING, LLC

**Enter the email address for this business entity to be used for future

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COVER LETTER

10:	Registration Section Division of Corporations		
SUBJE	CT:		
	Name	of Limited Liability	Company
DOCU	MENT NUMBER: M19000001	947	
The end for filin	closed Resignation of Registered A	Agent for a Limited	d Liability Company and fee are submitted
Please 1	return all correspondence concerni	ng this matter to th	ne following:
Erika E	Easter		
	Name of Person		•
eResid	dentAgent, Inc.		
	Name of Firm/Company		
228 Pá	ark Ave S, PMB 50845		
	Address		
New Y	ork, NY 10003-1502		
	City/State and Zip Code		
Е-п	nail address: (to be used for future annual	report notification)	
For furt	her information concerning this m	atter, please call:	
Erika E		at (820-1000
	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision	ns of section 605.011	5, Florida Statutes, the unde	rsigned,			
eResidentAgent, In	C.		, hereby resigns a	s		
Name of Registered Agent				*		
Registered Agent for A	FNF Publishing, I	LLC				····
	Name of Lin	nited Liubility Company				_,
M19000001947						
Document Nu	mber, if known					
A copy of this resignation	on was mailed to the a	above listed limited liability	company at its las	st known	address	s.
The agency is terminated	d and the office disco	ontinued on the 31st day afte	r the date on whic	h this sta	itement	is filed.
-	- TOMAS	gnatule of Resigning Agent)				
If signing on behalf of a	n entity:					
	Jeffrey A Unger					
	President	yped or Printed Name		<u>.</u>	2023 _"	
		Capacity		•	′ =	
					1	~.
	PH ING	mnno.			co A	iLtD
	FILING \$ 85.00 \$ 25.00	Active limited liability of Administratively dissolve withdrawn limited liabili	ed/ voluntarily dis	solved/	AM 11: 01	

Make checks payable to Florida Department of State and mail to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314