M2000000140

(Re	questor's Name)	
(Address)		
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(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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COVER LETTER

TO: Registration Section Division of Corporations		
AS 1902, LLC SUBJECT:		
Name	of Limited Liability Company	
DOCUMENT NUMBER: M20000000	140	
The enclosed Resignation of Registered A for filing.	Agent for a Limited Liability Company and fee are submitted	
Please return all correspondence concern	ing this matter to the following:	
Kristie Tolliver		
Name of Person		
COGENCY GLOBAL INC. Name of Firm/Company	, 	
850 New Burton Rd., Suite 201 Address		
Dover, DE 19904 City/State and Zip Code		
E-mail address: (to be used for future annua	al report notification)	
For further information concerning this n	natter, please call:	
Invoices Team Name of Person	at (<u>866</u>) <u>621-3524</u> Area Code Daytime Telephone Number	
Enclosed is a check made payable to the liability company or \$25.00 for an admir liability company.	Florida Department of State for \$85.00 for an active limited histratively dissolved, voluntarily dissolved or withdrawn limited	
MAILING ADDRESS:	STREET ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	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,
COGENCY GLOBAL, INC.	, hereby resigns as
Name of Registered Agent	thereby resigns as
Registered Agent for AS 1902, LLC	
Name of Limited Liability Compar	ny
M2000000140	
Document Number, if known	
A copy of this resignation was mailed to the above listed limited	
The agency is terminated and the office discontinued on the 31s	
Kristis To	Plliver Ing Agent Ing Agent Ing Agent
If signing on behalf of an entity:	ASSECTION AND ASSECTION AND ASSECTION AND ASSECTION AND ASSECTION AND ASSECTION ASSECT
Kristie Tolliver	
Typed or Printed Name Assistant Secretary, COGENC	95
Capacity	

Make cheeks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

FILING FEES:

\$ 85.00 \$ 25.00

Tallahassee, FL 32314

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