

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000038752 3)))



H250000387523ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048 : (800)345-4647 Fax Number : (800)432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address:

LLC REGISTERED AGENT RESIGNATION ASCENT REALTY CAPITAL LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$85.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

JAN 3 1 2025

(((H25000038752 3)))

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115, Florida Statutes, the undersigned,	
Capit	ol Corporate Services, Inc. hereby resigns as	
·	Name of Registered Agent	
Registered Agent for	ASCENT REALTY CAPITAL LLC	
L	Name of the Limited Liability Company	
M220	00009026	
	Number, if known	
	tion was mailed to the above listed limited liability company at its last led and the office discontinued on the 31st day after the date on which	
	Signature of Resigning Agent	_
If signing on behalf of	an entity:	記述の
	Brian Radecki	STEEN TO THE TENT
	Typed or Printed Name	一類が一
	Assistant Secretary	2 - m
	Capacity	至
	FILING FEES: \$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved voluntarily dissolved withdrawn limited liability company	TILEU St. 25

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

INHS17 (2/14)