

LD7000109698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

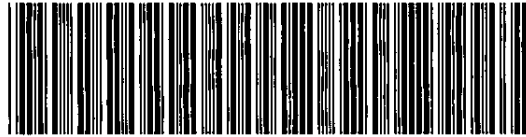
(Business Entity Name)

(Document Number)

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13 NOV 18 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
NOV 21 2013
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TA CONSULTING, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L07000109698

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBIN MOLT
Name of Person

CORPORATION SERVICE COMPANY
Name of Firm/Company

80 STATE STREET
Address

ALBANY, NY 12207
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBIN MOLT at (**518**) **433-7018 EXT 60311**
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

CORPORATION SERVICE COMPANY, hereby resigns as

Name of Registered Agent

Registered Agent for

TA CONSULTING, LLC

Name of Limited Liability Company

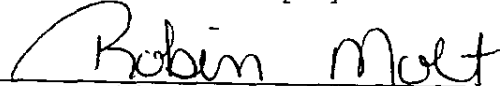
L07000109698

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.

Corporation Service Company



(Signature of Resigning Agent)

If signing on behalf of an entity:

ROBIN MOLT

Typed or Printed Name

ASST SECRETARY

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