

L10000013134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

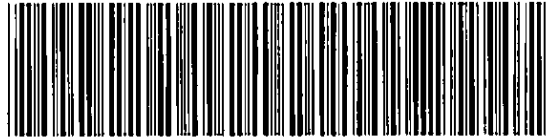
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

Office Use Only



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01/10/20--01004--008 \*\*25.00

2020 JAN 10 AM 11:15  
TALLAHASSEE, FLORIDA

2020 JAN 10 AM 9:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Y. SULKER  
JAN 10 2020

FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED REGISTERED AGENT RESIGNATION FOR:

1202 TETON LLC

PLEASE RETURN A STAMPED COPY

CHECK# 8565    FOR: \$25.00

THANK YOU!

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

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

Atrium Registered Agents, Inc.

, hereby resigns as

Name of Registered Agent

Registered Agent for 1202 Teton, LLC

Name of Limited Liability Company

L10000013134

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.

Signature of Resigning Agent

If signing on behalf of an entity:

Felipe Frias

Typed or Printed Name

Vice President of Atrium Registered Agents, Inc.

Capacity

## **FILING FEES:**

|          |   |
|----------|---|
| \$ 85.00 | Active limited liability company  |
| \$ 25.00 | Administratively dissolved/ voluntarily dissolved/<br>withdrawn limited liability company |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, FLORIDA

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