

LO3000020372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

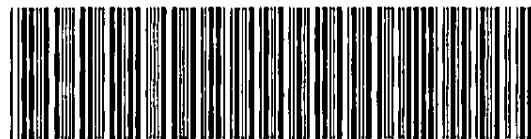
(Business Entity Name)

(Document Number)

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

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03/29/21--01023--004 \*\*110.00

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MAR 30 2021  
PM 3:58  
CLERK

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Technology By Design, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L03000020372

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:

Thomas Casper

Name of Person

Technology By Design, LLC

Name of Firm/Company

9020 Bellhurst Way #102

Address

West Palm Beach, FL 33411

City/State and Zip Code

tcasper@mytechbydesign.com

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

For further information concerning this matter, please call:

Thomas Casper at (561) 847-0300  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

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

Thomas J. Casper \_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for Technology By Design, LLC

Technology By Design, LLC

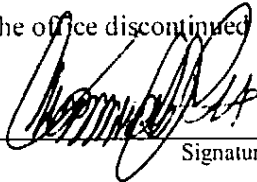
\_\_\_\_\_  
Name of Limited Liability Company

L03000020372

\_\_\_\_\_  
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:

Thomas J. Casper

\_\_\_\_\_  
Typed or Printed Name

President and Treasurer

\_\_\_\_\_  
Capacity

FILED  
MAR 13 2011  
PM 3:59  
TALLAHASSEE, FL

## **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