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To:

Division of Corporations

Fax Number : (850)617-6383

SECOND ATTEMPT

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107

Fax Number

: (561)214-8442

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

LLC REGISTERED AGENT RESIGNATION TME REAL ESTATE, LLC

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COVER LETTER

TO: Registration Section
Division of Corporations
SUBJECT: TME Real Estate, LLC
Name of Limited Liability Company
DOCUMENT NUMBER: L03000038460
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:
Erika Easter
Name of Person
eResidentAgent, Inc.
Name of Firm/Company
228 Park Ave S, PMB 50845
Address
New York, NY 10003-1502
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Erika Easter 310 820-1000
Name of Person at (310) 820-1000 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section	605.0115, Florida Statutes, the und	ersioned	
eResidentAgent, Inc.	,		
Name of Regis	tered Agent	_, hereby resigns as	
Registered Agent for TME Real E	state, LLC	·	
Na	ne of Limited Liability Company		,
L03000038460			
Document Number, if known			
A copy of this resignation was mailed. The agency is terminated and the office and the office and the office are also as a second of the company of the company of the copy o			
Jeffrey A L	/nger	* *21/7	
President	Typed or Printed Name		2023 (114 0 8
	Capacity		9 =
\$ 8	LING FEES: 5.00 Active limited liability cor 5.00 Administratively dissolved withdrawn limited liability	mpany // voluntarily dissolved/	ECD 8 4H 10: 03

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