

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : COMPUTERSHARE
Account Number : 110432003053
Phone : (561) 694-8107
Fax Number : (561) 214-8442

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

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LLC REGISTERED AGENT RESIGNATION
TME PERSONNEL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$85.00

RECEIVED

2023 JUN -8 AM 11:04

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2023 JUN -9 AM 10:46

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JUN -9 2023

T. LEMIEUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TME Personnel, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L04000004818

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

Name of Person

at (

310

Area Code

820-1000

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

eResidentAgent, Inc.

Name of Registered Agent

, hereby resigns as

Registered Agent for TME Personnel, LLC

Name of Limited Liability Company

L04000004818

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:

Jeffrey A Unger

Typed or Printed Name

President

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

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