L0400056060

(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				
(231)				
LC4-5LOCA	le la	resignation		

Office Use Only



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TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: TFI LLC				
(Name of Limited Liability Company)				
DOCUMENT NUMBER: L04000056066				
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:				
Mary Jo Spalinger				
(Name of Person)				
Business Filings Incorporated				
(Name of Firm/Company)				
8025 Excelsior Drive #200				
(Address)				
Madison, WI 53717				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
same at (608) 827-5300				
(Name of Person) at (608) 827-5300 (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399				

INH\$17(11/02)

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ions of section 608.416(2) or	608.509, Florida Stati	utes, the undersigned,	
Business Filings Incorporated		, hereby resigns as		
	(Name of Registered Agent)		,,	
Registered Agent for	TFI LLC			
(Name of Limited Liability Company)				
L04000056066				
(Document No	ımber, 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.				
	Wary & S	palenger of Resigning Agent)		
If signing on behalf of	f an entity:			
Mary Jo Spalinger - Business Filings Incorpor				
	(Typed Assistant Secretary	or Printed Name)		
	(C	apacity)		

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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
Tailahassee, FL 32314



