L05000021706

(Requestor's Name)				
(Address)				
(Add	dress)			
(City	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



600225141646

03/26/12--01043--005 **170.00

12 MAR 26 AM ID: 59
SEORLIARY OF STATE
SEORLIARY OF STATE

C. LEWIS

MAR 27 2012

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

	A POWER, LLC
Name of	Limited Liability Company
DOCUMENT NUMBER:	L05000021706
The enclosed Resignation of Registered Age for filing.	ent for a Limited Liability Company and fee are submitted
Please return all correspondence concerning	g this matter to the following:
Ruth A. Martell	<u> </u>
Name of Person	
BDB Agent Co.	
Name of Firm/Company	
3800 Embassy Parkway, Suite	e 300
Address	
Akron, Ohio 44333	
City/State and Zip Code	
E-mail address: (to be used for future annual re	eport notification)
For further information concerning this matt	ter, please call:
Ruth A. Martell	at (330) 643-0204
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 608.416(2) or 608.509	, Florida Statutes, the und	ersigned,
	BDB Agent Co.	, hereby res	igns as
	Name of Registered Agent	, ,	
Registered Agent for	TM	TMA Power, LLC	
.	Name of Limited Liability Co	ompany	,
L05000	0021706		
Document Nu	mber, if known		
A copy of this resignation	n was mailed to the above listed lin	nited liability company at	its last known address.
The agency is terminated	d and the office discontinued on the	31st day after the date on	which this statement is filed
	Robert Of N	Control esigning Agent	,
If signing on behalf of a		coigning regent	FIL 12 MAR 26 SECRETAR TALLAHASS
	Ruth A. Ma	rtell	ALC: N
	Typed or Printed 1	Name	FILED R 26 AN LARY OF HASSEE,
	Assistant Sec	retary	
	Capacity		AH IO: 50 OF STAT E, FLORI

FILING FEES:

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company \$ 85.00 \$ 25.00

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