## LIMCONZAG

(Requestor's Name)		
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PICK-UP WAIT MAIL		
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(Business Entity Name)		
(Document Number)		
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Special Instructions to Filing Officer:		
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## **COVER LETTER**

Division of Corporations				
SUBJECT: Tassel, LLC				
(Name of	Limited Liability Company)			
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to:				
	che			
Bitfings (Firm/Company)				
8080 Excelsion Dr. Stc 2005 (Address)				
Maouso, WI 53717 (City/State and Zip Code)				
For further information concerning this matter, please call:				
- Jessia	_at( <u>806</u> ) 981-7183			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee & Certified Copy				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			

CR2E079 (2/14)

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

Megan Morris	s of section 605.0115, Florida Statutes, the under	
Name of Registered Agent , here		hereby resigns as
Registered Agent for	ssel, LLC	
4,00	Name of Limited Liability Company	···
L07000017296		
Document Num	ber, if known	
	was mailed to the above listed limited liability co	
The agency is terminated a	and the office discontinued on the 31st day after the	ne date on which this statement is filed.
_	My Marine Signature of Resigning Agent	SSEE FL
if signing on behalf of an e	entity:	ORIUA
_	Typed or Printed Name	<del></del>
	Capacity	The Commission.

\$ 25.00

Active limited liability company
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withdrawn limited liability company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