

L070000072290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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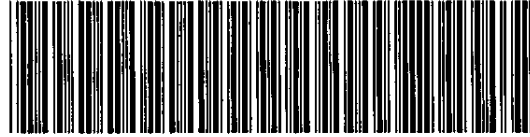
(Business Entity Name)

(Document Number)

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STATE DEPT. OF STATE
TALLAHASSEE, FLORIDA

FEB 27 2014

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TEEPEE GROUP, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L07000072290

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:

Stephen Blass

Name of Person

Stephen Blass P.A.

Name of Firm/Company

One Southeast Third Avenue, Suite 2130

Address

Miami, FL 33131

City/State and Zip Code

sblass@blasslegalpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen Blass

Name of Person

at (**305**) **377-9353**

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

COPROLITE CORPORATION

Name of Registered Agent

Registered Agent for

TEEPEE GROUP, LLC

Name of Limited Liability Company

L07000072290

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:

Stephen A. Blass

Typed or Printed Name

President / Director

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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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14 FEB 27 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA