10800049955

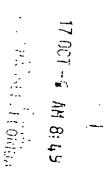
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·





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10/06/17--01013--022 **55.00



OCT 0 0 2017 Y SULKER To Registration Section Division of Corporations

RE: Tease Agency LLC L08000049955

I am submitting these resignations as my name was listed as a managing member in error. I am resigning to correct this public record and appreciate your assistance in this matter.

Best regards,

Leddy Renwick

949-315-9389

PO Box 877

Laguna Beach, CA 92651

COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT: / EASE AGENC	Y LLC
(Name of Limited Liab	ility Company)
The enclosed member, resignation or dissociation ar	nd fee(s) are submitted for filing.
Please return all correspondence concerning this ma	tter to:
Leddy Renwick (Contact Person)	
Self (Firm/Company)	
32011 Coast // Po	<u>Box</u> 877
Laguna Beach, CA 926 (City/State and Zip Code)	.51
For further information concerning this matter, pleas	se call:
Leddy Renwick at (Are	949) 315-9389 ca Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Fl \$25 Filing Fee \$55	orida Department of State for: 5 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section
Division of Corporations	Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is:	EASE AGENCY LIC
2. The Florida docu	ument/registration number assigned to this limited liability company is:
L08000	0 49955
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 5/19/08
4. 1. (Print N	ame of Person Resigning), hereby withdraw/resign as a
self/	Member
of this limited lial resignation in wri	bility company and affirm the limited liability company has been notified of my iting.
Leddy	Renwick
∕/ Silgnature (of Di	ssociating Member or Resigning Manager
-	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)