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To:

From: GFI FaxMaker

Division of Corporations

Fax Number : (830) 617 6383

From:

Account Name : INCORE SERVICES INC

Account Number : (20120000007) Phone : (702)866-2500 Pax Number : (702)866-2689

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please:

Email Address: wendy.hefley@incorp.com

LLC REGISTERED AGENT RESIGNATION TENPLY, LLC

Certificate of Status	0	
Certified Copy	0	
Page Count	03	
Estimated Charge	\$25.00	

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COVER LETTER

TO: Registration Section 4 Division of Corporations	** →\$
SUBJECT: TENPLY, LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L09000095579	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to th	c following:
Wendy Hefley	
Name of Person	
Incorp Services, Inc.	
Name of Firm/Company	
3773 Howard Hughes Parkway, Suite 500S	
Address	
Las Vegas, NV 89169-6014	
City/State and Zip Code	
processing@incorp.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Incorp Services, Inc./Wendy Hefley 702	866-2500 ext 6904
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,		020 HAY
Incorp Services, Inc.	, hereby resigns as	_
Name of Registered Agent		
Registered Agent for TENPLY, LLC		AH 10: 1
Name of Limited Liability Company	У	2
L09000095579		
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 Acsignme Agent

If signing on behalf of an entity:

Wendy Hefley for Incorp Services, Inc.

Typed or Printed Name

Authorized Representative

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