LIO: 5 - 5 - 114-4-5

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





800394803088

09/27/22--01027--009 ++85.00

2022 SEP 27 PK 1: 01

OEC 22 2022 S PRATHER

COVER LETTER

TUMBLEWEED-SC, LLC SUBJECT:	
Name of Limited Liability C	Company
DOCUMENT NUMBER: L10000041475	
The enclosed Resignation of Registered Agent for a Limited I for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	following:
Adam C. Sabocik	
Name of Person	
Boyes, Farina & Matwiczyk, P.A.	
Name of Firm/Company	
3300 PGA Boulevard, Suite 600	
Address	
Palm Beach Gardens, FL 33410	
City/State and Zip Code	
asabocik@bfmlaw.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Adam C. Sabocik 561 6	594-7979
	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations

TO:

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

onathan R. Gigele		, hereby resigns as
	Name of Registered Agent	,
Registered Agent for	TUMBLEWEED-SC, LLC	
	Name of Limited Liability Company	
•	• •	
L10000041475		
Documen	Number, if known	
A copy of this resign	ation was mailed to the above listed limited li	ability company at its last known address.
•	ation was mailed to the above listed limited li	n de la companya de
,	ated and the office discontinued on the 31st of	lay after the date on which this statement is
	sated and the office discontinued on the 31st of	lay after the date on which this statement is
The agency is termin	sated and the office discontinued on the 31st of	lay after the date on which this statement is

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withdrawn limited liability company \$ 85.00 \$ 25.00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

INHS17 (2/14)