# L11000006369

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THAMPTON

#### **COVER LETTER**

SUBJECT:	TMAD IIC	
Name of	TMAD, LLC Limited Liability Company	
DOCUMENT NUMBER:	L11000064369	
The enclosed Resignation of Registered Age for filing.	ent for a Limited Liability Company and fee are sub	mitted
Please return all correspondence concerning	g this matter to the following:	
TINA M MACAULEY		
Name of Person		
	·	
Name of Firm/Company		
4718 DEER RD		
Address		
ORLANDO, FL 32812		
City/State and Zip Code		
E-mail address: (to be used for future annual re	eport notification)	
For further information concerning this matt	tter, please call:	
TINA M MACAULEY	at ( 321 ) 689-4793	
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

TO:

Amendment Section Division of Corporations

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET ADDRESS:

Amendment 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 se	ction 608.416(2) or 608.509,	Florida Statutes, the undersigned,	
PATRIC	CK MACAULEY	, hereby resigns as	
	f Registered Agent	,,	
Registered Agent for	TN	MAD, LLC	
	Name of Limited Liability Con	npany	,
L110000643			
Document Number, if	known		
A copy of this resignation was r	nailed to the above listed limit	ited liability company at its last known address.	
The agency is terminated and th	e office discontinued on the 3	11st day after the date on which this statement is	filed.
<del>Val</del>	2 A Signature Res	egning Agent	
If signing on behalf of an entity	:		
	Typed or Printed Na	me	
<del></del>	Conquity	· · ·	

**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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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