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COVER LETTER

SUBJECT: Tetg, LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L11000132834	
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 the	e following:
ROBIN MOLT	
Name of Person	
CORPORATION SERVICE COMPANY	
Name of Firm/Company	
80 STATE STREET	
Address	
ALBANY NY 12207	
City/State and Zip Code	
ROBIN.MOLT@CSCGLOBAL.COM	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
ROBIN MOLT at (518 Name of Person Area Code	433-7018 Daytime Telephone Number
Name of Person at (Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Florida Department liability company or \$25.00 for an administratively dissolved liability company.	of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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 provision	ns of section 605.0115	5, Florida Statutes, the unde	ersigned,	
CORPORATION SI	ERVICE COMPA	NY	, hereby resigns as	
	Name of Registered Agen	nt		
Registered Agent for	Tetg, LLC			
	Name of Lim	ited Liability Company	,	
L11000132834				
Document Nu	mber, if known	 		
A copy of this resignation	on was mailed to the a	bove listed limited liability	y company at its last known address.	
The agency is terminated	d and the office disco	ntinued on the 31st day afte	er the date on which this statement is file	d.
	Pob	Signature of Resigning Agent		
If signing on behalf of a	n entity:		15 SEI	
	ROBIN MOLT		FP 2	:
	-	yped or Printed Name	7-	
	ASST SECRETA			
		Capacity	AH 9: 56	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability c Administratively dissolv withdrawn limited liabil	company ved/ voluntarily dissolved/ lity company	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314