

L12000152003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

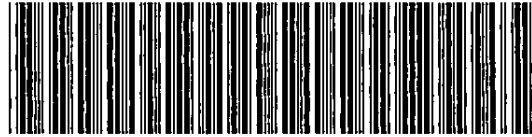
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **TOMLEX ENTERPRISE LLC**

Name of Limited Liability Company

DOCUMENT NUMBER: **L12000152003**

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Patricia Gomez

Name of Person

Law Office of Patricia Gomez, PA

Name of Firm/Company

3802 Ehrlich Road, Suite 101

Address

Tampa, FL 33624

City/State and Zip Code

patricia@gomez-law.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patricia Gomez

Name of Person

at (813) 402-2890

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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 section 608.416(2) or 608.509, Florida Statutes, the undersigned,

LAW OFFICE OF PATRICIA GOMEZ, PA, hereby resigns as

Name of Registered Agent

Registered Agent for TOMLEX ENTERPRISE LLC

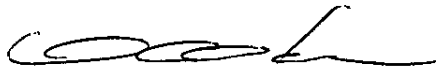
Name of Limited Liability Company

L12000152003

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 Resigning Agent

If signing on behalf of an entity:

Patricia Gomez, Esq.

Typed or Printed Name

President

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

CLERK OF STATE
TALLAHASSEE, FLORIDA

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