

L13000120428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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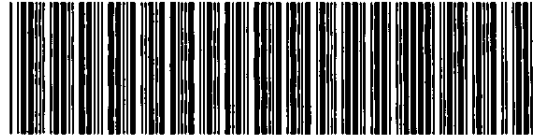
(Business Entity Name)

(Document Number)

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C.M.
8-6-14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRANSCONTINENTAL CONSULTING GROUP LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L13000120428

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:

HOUMAN ASSARI

Name of Person

TRANSCONTINENTAL CONSULTING GROUP LLC

Name of Firm/Company

610 W LAS OLAS BOULEVARD, #215N

Address

FORT LAUDERDALE, FLORIDA 33312

City/State and Zip Code

hassari@tcgengineering.com

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

For further information concerning this matter, please call:

HOUMAN ASSARI

Name of Person

at (

954

) Area Code

328-3590

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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TALLAHASSEE, FLORIDA

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

PATRICK MOYAL

, hereby resigns as

Name of Registered Agent

Registered Agent for TRANSCONTINENTAL CONSULTING GROUP LLC

Name of Limited Liability Company

L13000120428

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:

I
Typed or Printed Name

Capacity

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TALLAHASSEE, FLORIDA

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