

L13000120428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

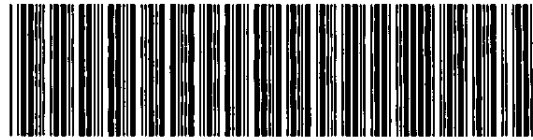
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

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 at (954) 328-3590
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
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**