

43000152093

(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

Handwritten signature
T. LEMIEUX
APR 27 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tele-Specialists, LLC.
Name of Limited Liability Company

DOCUMENT NUMBER: _____

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:

Nima Mowzoon

Name of Person

Tele-Specialists

Name of Firm/Company

15050 Elderberry Lane

Address

Fort Myers, FL 33907

City/State and Zip Code

ceo@tele-specialists.com

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

For further information concerning this matter, please call:

Nima Mowzoon

239

322-9203

Name of Person

at (_____) _____

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

JANINE PARISI

Name of Registered Agent

, hereby resigns as

Registered Agent for

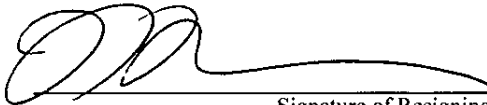
TELE-SPECIALISTS

Name of Limited Liability Company

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:

(on behalf of TELESPECIALISTS, LLC)

Typed or Printed Name

NIMA MOWZOUN

CEO

Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

FILED
15 APR 21 AM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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