

L14000013116

(Requestor's Name)

15545 Woodmar Ct.

(Address)

(Address)

Wellington, FL 33414

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

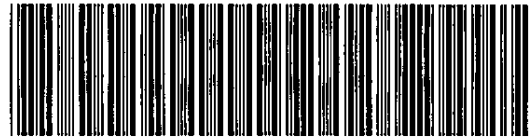
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2014 FEB 14 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan FEB 17 2014

**RESIGNATION OF REGISTERED AGENT FOR A LIMITED
LIABILITY COMPANY**

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

Joseph Conroy

hereby resigns as

Name of Registered Agent

Registered Agent for **Total Quality Management, LLC**

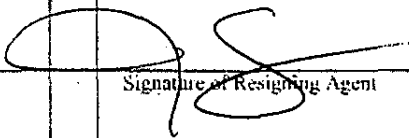
Name of Limited Liability Company

L14000013116

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:

Marya J. Morrison

Typed or Printed Name

CFO

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withdrawn limited liability company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

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