Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : INCORPORATING SERVICES FL

Account Number : 120055000052 Phone. : (850)656-79**5**6 Fax Number : (850)656-7953

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** Email Address:

LLC REGISTERED AGENT RESIGNATION TEKY INVESTMENTS LLC

Certificate of Status 0 Certified Copy 02 Page Count \$85.00 Estimated Charge

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COVER LETTER

| TO: Registration Section Division of Corporations | | |
|---|---------------------------|--|
| SUBJECT: TEKY INVESTMENTS | ПС | |
| Na | une of Limited Liabili | ty Company |
| DOCUMENT NUMBER: L150000 | 19598 | |
| The enclosed Resignation of Registers for filing. | ed Agent for a Limite | ed Liability Company and fee are submitted |
| Please return all correspondence conc | erning this matter to | the following: |
| Tunisha Scott | | |
| Name of Person | | _ |
| INCORPORATING SERVICES, L' | TD. | |
| Name of Firm/Comp | any | _ |
| 3500 SOUTH DUPONT HIGHWAY | Y | |
| Address | | - |
| DOVER, DE 19901 | | |
| City/State and Zip C | ode | - - |
| ACCOUNTING@INCSERV.COM | | |
| E-mail address: (to be used for future an | nual report notification) | - . |
| For further information concerning thi | is matter, please call: | r |
| Tunisha Scott | 800 | 346-4646 |
| Name of Person | Area Cod | e 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisions of section 605.0115, Florida Statute | s, the undersigned, | |
|--|---|--|
| INCORPORATING SERVICES, LTD. | , hereby resigns as | |
| Name of Registered Agent | | |
| Registered Agent for TEKY INVESTMENTS LLC | | |
| Name of Limited Liability Comp | any | |
| L15000019598 | | |
| Document Number, if known | , | |
| A copy of this resignation was mailed to the above listed limit | od liability company at its lest known address. | |
| The agency is terminated and the office discontinued on the state of Resignature | | |
| If signing on behalf of an entity: | | |
| TUNISHA SCOTT | | |
| Typed or Printed Nam | SE CO | |
| ASSISTANT SECRETARY | | |
| Capacity | STATE CLORIDA | |
| The state of the s | | |

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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