



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000355125 3)))



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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : INCORPORATING SERVICES FL  
Account Number : I20050000052  
Phone : (850)656-7956  
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: \_\_\_\_\_

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FALLAHASSEE, FLORIDA

LLC REGISTERED AGENT RESIGNATION  
TETON SUPPLY LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

SECRETARY OF STATE  
FALLAHASSEE, FLORIDA

2019 DEC 10 A 10:59

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**COVER LETTER** H19000355125 3

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TETON SUPPLY LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L15000092626

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:

Amanda Archambault  
Name of Person

Incorporating Services, Ltd.  
Name of Firm/Company

3500 South DuPont Highway  
Address

Dover, DE 19901  
City/State and Zip Code

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

For further information concerning this matter, please call:

Amanda Archambault at ( 302 ) 531-0711  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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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# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned, Incorporating Services, Ltd., hereby resigns as  
Name of Registered Agent

Registered Agent for TETON SUPPLY LLC  
Name of Limited Liability Company

L15000092626  
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.

Amanda Archambault  
Signature of Resigning Agent

If signing on behalf of an entity:

Amanda Archambault  
Typed or Printed Name  
Assistant Secretary  
Capacity

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2019 DEC 10 A 10:59

FILED

**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