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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #) .
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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SLERLIAN CET STAIR
FALLANASSEL FLORIDA

MILLATTI TSCHWUEDER

COVER LETTER

TO: Registration Section Division of Corporations		
TJL Consulting, LLC SUBJECT: Name		
Name Name	e of Limited Liability	Company
DOCUMENT NUMBER: L15000173	314	
The enclosed Resignation of Registered for filing.	Agent for a Limited	Liability Company and fee are submitted
Please return all correspondence concern	ting this matter to th	e following:
United States Corporation Agents, Ir	nc.	
Name of Person		
Legalzoom.com, Inc.		
Name of Firm/Compan	y	
101 North Brand Blvd. 11th Floor		
Address		
Glendale, CA 91203		
City/State and Zip Cod	le .	
raresignations@legalzoom.com		
E-mail address: (to be used for future annu-	aal report notification)	-
For further information concerning this	matter, please call:	
Kasandra Lund	800	773-0888 x3951 Daytime Telephone Number
Name of Person	Area Code	Daytime Telephone Number
Enclosed is a check made payable to the liability company or \$25.00 for an admitiability company.	e Florida Departmen inistratively dissolve	nt of State for \$85.00 for an active limited ed, voluntarily dissolved or withdrawn limite

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 provisi	ons of section 605,0115. Florida Statutes, th	e undersigned.			
United States Corporation Agents, Inc. Name of Registered Agent		, hereby resigns as	, hereby resigns as		
- Registered Agent for	TJL Consulting, LLC				
	Name of Limited Liability Company			<u> </u>	
L15000173314					
Document l	Number, if known				
A copy of this resigna	tion was mailed to the above listed limited li	lability company at its last kno	own addre	88.	
The agency is termina	ated and the office discontinued on the 31st c	lay after the date on which this	s statemer	nt is:	filed.
	(*\M		7		
	Signature of Resigning	Agent	VIII.	20 145 -	
It signing on behalf of	l'an entity:			<u> </u>	-η
	Cheyenne Moseley		항철 <u>기</u>	7	=
	Typed or Printed Name		[∏] ુ ≽	-	<u> </u>
	Asst. Secretary for United States Corpors	ation Agents, Inc.	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	E	O
	Capacity	d D	ARTH-32 Or STATE	ກ ວ	

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