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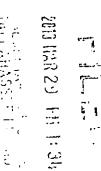
(Requestor's Name)
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BRUCE APRO9 TO 19

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Total Building Care, LLC			
Name of Limited Liability	Company		
DOCUMENT NUMBER: L15000210832			
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are	submitt	ted
Please return all correspondence concerning this matter to the	e following:		
United States Corporation Agents, Inc.			
Name of Person			
Legalzoom.com, Inc.			
Name of Firm/Company			
9900 Spectrum Dr.		~3	
Address	÷ (~ ;
Austin, TX 78717	수 (*) ****	C2 574 613	: "AL ""
City/State and Zip Code	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	•	4
		7 H H: 34	1
E-mail address: (to be used for future annual report notification)		. . ن	**
For further information concerning this matter, please call:	-	È	
Janna Pantoja 1 800	773-0888 x3950		
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115,	Florida Statutes, the unders	signed,				
United States Corporation Agents, Inc.		_, hereby resigns as					
Name of Registered Agent			nereby resigns as	by resigns as			
Registered Agent for	otal Building Care,	LLC					
	Name of Limite	ed Liability Company			,		
L15000210832							
Document N	umber, if known						
	ed and the office discont	ove listed limited liability control inned on the 31st day after signature of Resigning Agent				filed.	
in signing on behalf of a	-				[1]		
		ed or Printed Name ited States Corporation Age	nts, Inc.		5010 HER 29	4 24	
	FILING F \$ 85.00 \$ 25.00	Capacity EES: Active limited liability con Administratively dissolved withdrawn limited liability	/ voluntarily dissol	ved/) Fil 1: 34	g with William by Warm	

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