

L15000 212189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

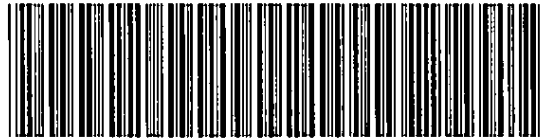
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/21/20--01008--030 **25.00

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2020 MAY 21 AM 6:47

STATE OF MISSISSIPPI
RECORDS SECTION

JUN 10 2020
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TEAM PURCHASING, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L15000212189

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:

MICHELLE HINDEN
Name of Person

NISHAD KHAN PL
Name of Firm/Company

617 EAST COLONIAL DRIVE
Address

ORLANDO, FL 32803
City/State and Zip Code

ROCIO@NISHADKHANLAW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHELLE HINDEN at (407) 228-9711
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

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

NISHAD KHAN, P.L. _____, hereby resigns as

Name of Registered Agent

Registered Agent for TEAM PURCHASING, LLC

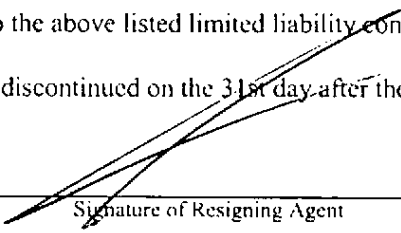
Name of Limited Liability Company

L15000212189

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:

NISHAD A. KHAN

Typed or Printed Name

MANAGER

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**

FILED
2020 MAY 21 AM 6:47
Tallahassee, Florida
Division of Corporations
State of Florida