# 116000004543

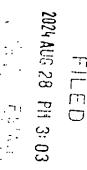
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
•				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
J. HORNE				
SEP - 4 2024				
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Office Use Only



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08/28/24--01925--015 **\*\***85.00



## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: T.L.E. LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L16000004593	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	e following:
Sarah Balen	
Name of Person	
MyCompanyWorks, Inc.	
Name of Firm/Company	
187 E. Warm Springs Rd., Suite B	
Address	
Las Vegas, NV 89119	
City/State and Zip Code	
filings@mycompanyworks.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Sarah Balen 702	362-2677  Daytime Telephone Number
Name of Person Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Florida Department liability company or \$25.00 for an administratively dissolved liability company.	of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited

STREET ADDRESS:

Tallahassee, FL 32301

Clifton Building

Registration Section
Division of Corporations

2661 Executive Center Circle

INHS17 (2/14)

P.O. Box 6327

MAILING ADDRESS:

Registration Section Division of Corporations

Tallahassee, FL 32314

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

rursuant to the prov	isions of section 605.0115. Florida Statutes, the under	signed,	MULANG 28 PH 3: C
Registered Ager	nt Solutions, Inc.	hereby resigns as	62
	Name of Registered Agent	nercoy resigns as	2 P
Registered Agent fo	T.L.E. LLC		7: 7
registered rigette to			3
	Name of Limited Liability Company		
L16000004593			
Documer	nt Number, if known		
A copy of this resign	nation was mailed to the above listed limited liability of	nompany at ite lact l	reasum addesace
The agency is termin	nated and the office discontinued on the 31st day after		
The agency is termin	·		
The agency is termin	nated and the office discontinued on the 31st day after		
The agency is termin	/s/ Jennifer Peters  Signature of Resigning Agent		
	/s/ Jennifer Peters  Signature of Resigning Agent		
	/s/ Jennifer Peters Signature of Resigning Agent of an entity:		
	/s/ Jennifer Peters Signature of Resigning Agent of an entity: Jennifer Peters	the date on which t	

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

#### COVER LETTER

SUBJECT:\_T.L.E. LLC Name of Limited Liability Company DOCUMENT NUMBER: L16000004593 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: Sarah Balen Name of Person MyCompanyWorks, Inc. Name of Firm/Company 187 E. Warm Springs Rd., Suite B Address Las Vegas, NV 89119 City/State and Zip Code filings@mycompanyworks.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sarah Balen

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:**

TO: Registration Section Division of Corporations

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

Diversions to the annual con-	and of section (OS OLIS Florida Contract the contract		F1LE 2024 AUG 28
-	ns of section 605.0115, Florida Statutes, the under	signed,	10000000000000000000000000000000000000
Registered Agent S	Solutions, Inc.	hereby resigns as	2 7
·	Name of Registered Agent	,	1,1
Registered Agent for T	L.E. LLC	_	그 문 ㅁ
			3: 0;
	Name of Limited Liability Company		,
L16000004593			
Document Nu	amber, if known		
A copy of this resignation	on was mailed to the above listed limited liability of	company at its last	known address.
The agency is terminate	d and the office discontinued on the 31st day after	the date on which	this statement is filed.
	/s/ Jennifer Peters		
	Signature of Resigning Agent		
If signing on behalf of a	n entity:		
	Jennifer Peters		
	Typed or Printed Name		
	Assistant Secretary of Registered Agent Solutio	ns, Inc.	
	Capacity	<del></del> _	

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