

L160000 41667

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

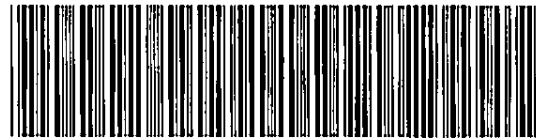
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TEAM TAX SOLUTION LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L16000041667

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:

MAGDIEL RUIZ

Name of Person

TEAM TAX SOLUTION LLC

Name of Firm/Company

21201 SW 97 CT

Address

CUTLER BAY FLORIDA 33189

City/State and Zip Code

TEAMTAXMS@AOL.COM

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

For further information concerning this matter, please call:

MAGDIEL RUIZ

Name of Person

at (305)

Area Code

384 8059

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

MAGDIEL RUIZ

, hereby resigns as

Name of Registered Agent

Registered Agent for TEAM TAX SOLUTION LLC

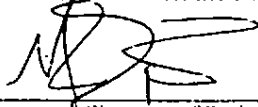
Name of Limited Liability Company

L16000041667

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:

MAGDIEL RUIZ

Typed or Printed Name

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

20 MAY -8 PM 9:41