

L ~~Noxxx~~ 49163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

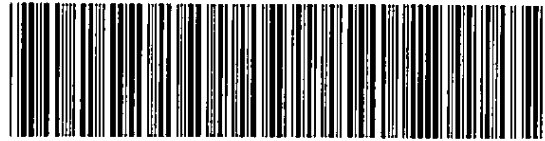
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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AUG 19 2019



Patricia Lebow, Partner
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patricia.lebow@nelsonmullins.com

NELSON MULLINS BROAD & CASSE
ATTORNEYS AND COUNSELORS AT LAW

One North Clematis Street Suite 500
West Palm Beach, FL 33401
T 561.832.3300 F 561.655.1109
nelsonmullins.com

August 13, 2019

VIA FEDEX OVERNIGHT

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: *Statement of Resignation of Registered Agent for a Limited Liability Company*

Dear Sir/Madam:

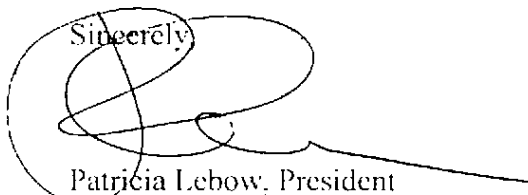
Enclosed please find 4 fully completed Statements of Resignation of Registered Agent for a Limited Liability Company together with a filing fee of \$85.00 for each one of the following LLC's:

- 1) TEENYTOTS LLC
- 2) WILDCAT FLORIDA, LLC
- 3) OVERPASS FLORIDA, LLC
- 4) AMS ONE, LLC

Please process and send me the confirmation of resignation from the above 4 entities.

If you have any questions regarding the enclosed, please feel free to contact me. My cell phone is (561) 762 -2402.

Thank you for your assistance in this matter.

Sincerely,

Patricia Lebow, President
Patricia Lebow P.A.

PL/bk
Enclosures

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Patricia Lebow, P.A.

, hereby resigns as

Name of Registered Agent

Registered Agent for **TEENYTOTS LLC**

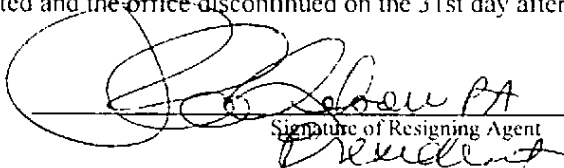
Name of Limited Liability Company

L16000049163

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:

Patricia Lebow, P.A.

Typed or Printed Name

President

Capacity

23 AUG 14 AM 10:09

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**