L16 0000 97133

(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:				

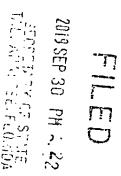
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TO:	Registration Section
	Division of Corporations
SUB.	JECT: TEJ SAFETY CONSULTANTS, LLC Name of Limited Liability Company
DOG	· · ·
DOC	UMENT NUMBER: <u>L16000097133</u>
	nclosed Resignation of Registered Agent for a Limited Liability Company and fee are itted for filing.
Pleas	e return all correspondence concerning this matter to the following:
Unite	ed States Corporation Agents, Inc.
	Name of Person
Lega	Izoom.com, Inc.
	Name of Firm/Company
101	North Brand Blvd. 11th Floor
	Address
Glen	dale, CA 91203
	City/State and Zip Code
raresi	gnations@legalzoom.com
Į.	-mail address: (to be used for future annual report notification)
For fi	orther information concerning this matter, please call:
Kasar	at (1 800) 773-0888 x3951
	Name of Person Area Code Daytime Telephone Number
liabili	sed is a check made payable to the Florida Department of State for \$85.00 for an active limited ty company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn d liability company.

Tallahassee, FL 32314

MAILING ADDRESS:

Division of Corporations

Registration Section

P.O. Box 6327

STREET ADDRESS:

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

TO:

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ions of section 605.0115. Florida Statutes, the undersig	med.
United States Cor	, hereby resigns as	
	Name of Registered Agent	
Registered Agent for_	TEJ SAFETY CONSULTANTS, LLC	
	Name of Limited Liability Company	
TEJ SAFETY CONS	SULTANTS, LLC	
Document A	Number, if known	
	tion was mailed to the above listed limited liability cor	7. 72
The agency is terminate	ed and the office discontinued on the 31st day after the da Signature of Resigning Agent	nte on which this statement is filed.
If signing on behalf of an entity:		
	Cheyenne Moseley	22
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Agents,	Inc.
	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