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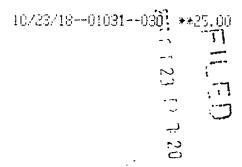
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(Re	questor's Name)	<u> </u>
(Ad	dress)	
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PICK-UP	_	MAIL
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: TURCHEK TECH, LLC	e of Limited Liability Company		
DOCUMENT NUMBER: L16000105	• • •		
The enclosed Resignation of Registered for filing.	Agent for a Limited Liability Company and fee are submitted		
Please return all correspondence concern	ing this matter to the following:		
United States Corporation Agents, In	nc.		
Name of Person			
Legalzoom.com, Inc.	• 7		
Name of Firm/Compan	·		
9900 Spectrum Dr.			
Address			
Austin, TX 78717	<u>∵</u> ()		
City/State and Zip Cod	. ස		
E-mail address: (to be used for future annu	al report notification)		
For further information concerning this	matter, please call:		
Kasandra Lund	at ()		
Name of Person	at (at ()		
Enclosed is a check made payable to the liability company or \$25.00 for an admiliability company.	Florida Department of State for \$85.00 for an active limited nistratively dissolved, voluntarily dissolved or withdrawn limite		
MAILING ADDRESS:	STREET ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	is of section 605.0115, Florida Statutes, the u	ndersigned,	
United States Corporation Agents, Inc.		, hereby resigns as	
	Name of Registered Agent		
Registered Agent for TU	JRCHEK TECH, LLC		=
	Name of Limited Liability Company		
L16000105273			
Document Nur	mber, if known		
	n was mailed to the above listed limited liabi	,	
The sgart.	Signature of Resigning Age		, (力
If signing on behalf of ar	i entity:	. 5	
	Cheyenne Moseley		
	Typed or Printed Name		
	Asst. Secretary for United States Corporation	n 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

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