

216000129112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100310751031

03/22/18--01016--016 **95.00

FILED
18 MAR 22 AM 10:39
SECRETARIAT OF STATE
TALLAHASSEE, FLORIDA

18 MAR 22 AM 10:39
SECRETARIAT OF STATE
TALLAHASSEE, FLORIDA

SECRET
OFFICE OF THE
ATTORNEY GENERAL
TALLAHASSEE, FLORIDA

○ SIMMONS
MAR 23 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tax Pros Group II LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L16000129112

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:

Elizabeth Suriel CNZ
Name of Person

Tax Pros Group II
Name of Firm/Company

5035 E. Busch Blvd STE 2
Address

Tampa FL 33617
City/State and Zip Code

TaxProsGroupTampa@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth Suriel CNZ at (727) 712-7863
Name of Person Area Code 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Elizabeth Suriel CNZ, hereby resigns as
Name of Registered Agent

Registered Agent for Tax Pros Group II

Name of Limited Liability Company

L16000129112
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.

Elizabeth Suriel CNZ
Signature of Resigning Agent

If signing on behalf of an entity:

Elizabeth Suriel CNZ
Typed or Printed Name
Reviser Agent / Mgr.
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

FILED
18 MAR 22 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA