

L17000154935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

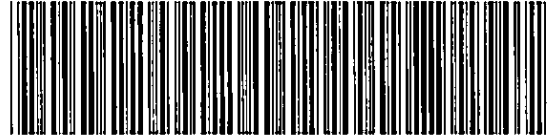
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400314364194

06/11/18 -01017 002 4425.00

FILED  
2018 JUN 11 AM 8:01  
FALL ARIZONA

JUN 13 2018  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TANI LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L17000154935

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:

Dang Nguyen  
Name of Person

First Corporate Solutions, Inc.  
Name of Firm/Company

12631 Imperial Highway F-106  
Address

Santa Fe Springs, CA 90670  
City/State and Zip Code

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

For further information concerning this matter, please call:

Dang Nguyen at ( 844 ) 392-7588  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

First Corporate Solutions, Inc.

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for TANIK LLC

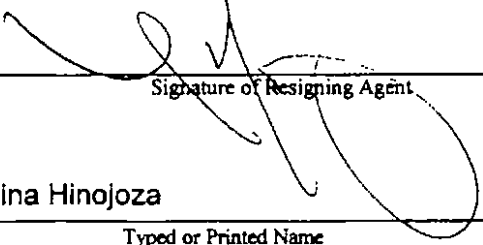
\_\_\_\_\_  
Name of Limited Liability Company

L17000154935

\_\_\_\_\_  
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:

Angelina Hinojoza

\_\_\_\_\_  
Typed or Printed Name

Secretary

\_\_\_\_\_  
Capacity

FILED  
2016 JUN 11 AM 8:01  
TALLAHASSEE FLORIDA  
DEPARTMENT OF STATE

### **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