



Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : TIMELINE BUSINESS CENTER LLC
Account Number : 120150000034
Phone : (229)344-7417
Fax Number : (888)344-7262

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC REGISTERED AGENT RESIGNATION
LLA ENTERPRISES GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$85.00

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TALLAHASSEE, FLORIDA

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T. LEMMON

10/23/2018

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

TIMELINE BUSINESS CENTER LLC

Name of Registered Agent

, hereby resigns as

Registered Agent for **LLA ENTERPRISES GROUP LLC**

Name of Limited Liability Company

L17000239993

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:

ISMAEL CARDOSO

Typed or Printed Name

MANAGING MEMBER / OWNER

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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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TALLAHASSEE, FL 32314