H8000050982

| (Re | equestor's Name) | |
|---|--------------------|-----------|
| · (Ad | Idress) | |
| (Ad | idress) | |
| (Cit | ty/State/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Name | e) |
| (Document Number) | | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to Filing Officer: | | |
| | | |
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Office Use Only



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R. WHITE OCT 14 2019

COVER LETTER

Registration Section Division of Corporations

TO:

| T 0 E EL ODIDA BRODES | DTV LLC |
|--|---|
| SUBJECT: T & E FLORIDA PROPER | e of Limited Liability Company |
| DOCUMENT NUMBER: L18000050 | |
| | |
| The enclosed Resignation of Registered for filing. | Agent for a Limited Liability Company and fee are sul |
| Please return all correspondence concern | ning this matter to the following: |
| Krystal Beckner | |
| Name of Person | |
| COGENCY GLOBAL INC. Name of Firm/Compan | <u>y</u> . |
| 850 New Burton Rd., Suite 201 Address | <u> </u> |
| Dover, DE 19904 City/State and Zip Cod | e |
| E-mail address: (to be used for future annu | al report notification) |
| For further information concerning this | matter, please call: |
| Invoices Team Name of Person | at (<u>866</u>) <u>621-3524</u> Area Code Daytime Telephone Number |
| Enclosed is a check made payable to the liability company or \$25.00 for an admir liability company. | Florida Department of State for \$85.00 for an active I nistratively dissolved, voluntarily dissolved or withdra |
| MAILING ADDRESS: | STREET ADDRESS: |
| Registration Section | Registration Section |
| Division of Corporations | Division of Corporations |
| P.O. Box 6327 | Clifton Building 2661 Executive Center Circle |
| Tallahassee, FL 32314 | Tallahassee, FL 32301 |

1NHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGE! FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned. | |
|--|-------------|
| COGENCY GLOBAL INC | |
| Name of Registered Agent | |
| Registered Agent for T & E FLORIDA PROPERTY LLC | |
| | |
| Name of Limited Liability Company | |
| L18000050982 | |
| Document Number, if known | |
| A copy of this resignation was mailed to the above listed limited liability company at its last known | ا ۱ addr |
| The agency is terminated and the office discontinued on the 31st day after the date on which this st | ajeme |
| Krystal Beckner Signature of Resigning Agent | 7.01 |
| Signature of Resigning Agent | (/ |
| If signing on behalf of an entity: | 2 |
| Krystal Beckner | |
| Typed or Printed Name Assistant Secretary, COGENCY GLOBAL INC. | |
| Capacity | 148 |
| | |
| FILING FEES: \$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company | , I |

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314