

L18 0000 73778



(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

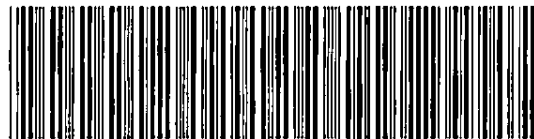
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000432963340

2021-04-15 15:00:00

2021-04-15 15:00:00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Betsy Jean Tinervin LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L18000073778

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:

Betsy Tinervin

Name of Person

Name of Firm/Company

1411 West Linebaugh Ave

Address

Tampa, FL 33612

City/State and Zip Code

betsytinervin@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephanie Gibson at (813) 803-4887
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

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

Martinez Law _____, hereby resigns as

Name of Registered Agent

Registered Agent for Betsy Jean Tinervin LLC

Name of Limited Liability Company

L18000073778

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.

Austyn Weines, President

Signature of Resigning Agent

If signing on behalf of an entity:

Martinez Law

Typed or Printed Name

PTSD

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

2023 JUN 15 PM 4:06