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2019 DEC 30 PH 4: 40
SECRETARY OF STATE
TALLAHANSEE

O SIMMONS JAN 28 2020

## **COVER LETTER**

SUBJECT: Ted Property Management Name o	t Limited Liabilit	y Company	
DOCUMENT NUMBER: L1800024561	0		
The enclosed Resignation of Registered Agfor Illing.	gent for a Limite	d Liability Company and fee are submitted	
Please return all correspondence concernin	g this matter to	the following:	
United States Corporation Agents, Inc.			
Name of Person		_	
Legalzoom.com, Inc.			
Name of Firm/Company			
101 North Brand Blvd. 11th Floor			
Address		_	
Glendale, CA 91203			
City/State and Zip Code		<del></del>	
raresignations@legalzoom.com			
E-mail address: (to be used for future annual t	eport notification)	<del></del>	
For further information concerning this ma	tter, please call:		
Janna Pantoja	800	773-0888 x3950  Daytime Telephone Number	
Name of Person	Area Cod	Daytime Telephone Number	
Enclosed is a check made payable to the Fl liability company or \$25.00 for an adminis liability company.		nt of State for \$85,00 for an active limited ed, voluntarily dissolved or withdrawn limited	
MAILING ADDRESS:	STRI	ET ADDRESS:	
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Section Division of Corporations

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

Pursuant to the provision	ons of section 605.0115, Florida Statutes, the unc	dersigned.		
United States Corporation Agents, Inc.		, hereby resigns as		
	Name of Registered Agent	_ : :::::::::::::::::::::::::::::::::::		
Registered Agent for $\underline{\underline{T}}$	ed Property Management LLC			
	Name of Limited Liability Company		<del></del> '	
L18000245610				
Document N	umber, if known			
A copy of this resignati	on was mailed to the above listed limited tiabili	ty company at its last known add	ress.	
The agency is terminate	ed and the office discontinued on the 31st day af	fter the date on which this statem		led.
	Speature of Resigning Agen	ECRETALIA TALLAHA	019 DEC 30	water water t
If signing on behalf of a	an entity;	SSI	P	1
	Cheyenne Moseley	E C	PM 4: 40	
	Typed or Printed Name	FLAT	£	
	Asst. Secretary for United States Corporation	Agents, Inc.	_	

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