

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Account Name : CS SUNBIZ, LLC
Account Number : I20040000164
Phone : (407)691-5600
Fax Number : (407)691-5620

Email Address: jee@tarsusentertainment.com

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TARENT, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L19000025910

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:

KRISTY WHITE

Name of Person

CS SUNBIZ, LLC

Name of Firm/Company

700 WEST MORSE BOULEVARD, SUITE 220

Address

WINTER PARK, FLORIDA 32789

City/State and Zip Code

KWHITE@AHG-GROUP.COM

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

For further information concerning this matter, please call:

KRISTY WHITE

Name of Person

at (407) 691-5600
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

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

CS SUNBIZ, LLC

Name of Registered Agent

, hereby resigns as

Registered Agent for TARENT, LLC

Name of Limited Liability Company

L19000025910

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:

SARAH HAMPTON

Typed or Printed Name

MANAGER

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withdrawn limited liability company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

INHS17 (2/14)

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