# LIGCCC15C246

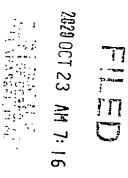
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#### **COVER LETTER**

SUBJECT: TEAM RSR LLC Name of Limited Liability Company DOCUMENT NUMBER: L19000150246 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: 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 raresignations@legalzoom.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

INHS17 (2/14)

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

Pursuant to the provi	sions of section 605.0115. Florida Statutes, the undersigne	:d.	
United States Corporation Agents, Inc.  Name of Registered Agent		, hereby resigns as	
<del></del>	Name of Limited Liability Company	<del></del> ,	
L19000150246			
Documen	t Number, if known		
A copy of this resign	ation was mailed to the above listed limited liability compa	any at its last known address.	
The agency is termin	ated and the office discontinued on the 31st day after the discontinued of Resigning Agent		
If signing on behalf o	of an entity:	2929 OCT	
Cheyenne Moseley			
	Typed or Printed Name	$ 0$ $\omega$ $ 1$	
	Asst. Secretary for United States Corporation Agents, I	nc.	
	Capacity	7:16	

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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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