

L19 000248648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

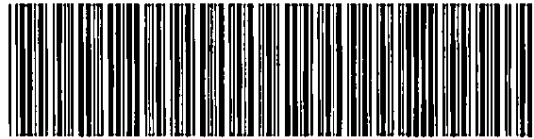
Special Instructions to Filing Officer:

Q. SILAS

JUN 10 2022

6/16/22

Office Use Only



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FILED
772 JUN -6 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FL



RECEIVED

2022 JUN -6 AM 8:02

FLORIDA DEPARTMENT OF STATE
Division of Corporations
SECRETARY OF STATE
TALLAHASSEE, FL

May 3, 2022

SANTOS SOTO
6900 TAVISTOCK LAKES BLVD STE 400
ORLANDO, FL 32827

SUBJECT: TECEPE LLC
Ref. Number: L19000248648

We have received your document and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

DONE 5.24.22

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas
Regulatory Specialist II

Letter Number: 322A00010256

*Group of Soto
Hunt
Issued 5.24.22*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tecepe LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L19000 248648

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:

Santos Soto
Name of Person

Group de Soto Tax & Acct LLC
Name of Firm/Company

6900 Tavistock Lakes Blvd
Address

Orlando FL 32827
City/State and Zip Code

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

For further information concerning this matter, please call:

Santos Soto at (407) 348 7752
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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**

772 JUN -6 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FL

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

Santos Soto

, hereby resigns as

Name of Registered Agent

Registered Agent for

Tecepe LLC

L19000248648

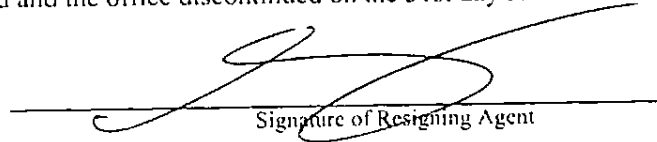
Name of Limited Liability Company

L19000248648

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:

Santos Soto

Typed or Printed Name

Registered Agent.

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