# L20000254880

(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:				

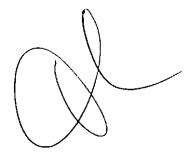
Office Use Only



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#### **COVER LETTER**

TO: Registration Section Division of Corporations					
TAVROB BUSINESS AND SE	ERVICES LLC				
Nar	me of Limited Liabili	ty Company			
DOCUMENT NUMBER: L2000025488	80				
The enclosed Resignation of Registered for filing.	d Agent for a Limit	ed Liability Company and	d fee are sub	mitted	Ĺ
Please return all correspondence conce	rning this matter to	the following:			
Chelsea Chapman					
Name of Person	<del></del>	_			
Legaline Corporate Services, INC.				202	
Name of Firm/Compa	ny	_		2 NC	<u>ر ئ</u>
10601 Clarence Dr Ste 250			)- ·	)V   5	
Address		<del></del>	\$\$.	70	i i
Frisco, TX 75033-3867			TALLAHASSEE, FL	H 12:	
City/State and Zip Co	de	_		-	
ra@legalinc.com			•		
E-mail address: (to be used for future ann	nual report notification)	<u> </u>			
For further information concerning this	s matter, please call	:			
Chetsea Chapman	844 at (	386-0178			
Name of Person	Area Cod	le Daytime Telephone Nu	mher		

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provis	sions of section 605.0115, Florida Statutes, t	he undersigned,	
Legaline Corporate Se	rvices, INC.	, hereby resigns as	
	Name of Registered Agent	,,,	
Registered Agent for	TAVROB BUSINESS AND SERVICES LLC	<del></del>	
	Name of Limited Liability Company	<del></del> ,	
L20000254880			
Document	Number, if known		
A copy of this resigna	ation was mailed to the above listed limited	liability company at its last known address.	
The agency is termina	ated and the office discontinued on the 31st of Signature of Resigning	day after the date on which this statement is file	ed.
If signing on behalf o	f an entity:	E TO	erz.
	Chelsea Chapman	- To P	A STATES
	Typed or Printed Name		
	On Behalf of Legalinc Corporate Services.	INC.	
	Capacity	FLE	

FILING FEES:

© \$ 85.00 Active limited liability company

O \$ 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