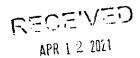
L20000337966

(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: R	egistration Section division of Corporations		
	TSEHIGH LLC		
SUBJEC	e T :		
	Nar	ne of Limited Liability	Company
DOCUM	1ENT NUMBER: L200003379	966 	
The encloser for filing	osed Resignation of Registered.	d Agent for a Limited	Liability Company and fee are submitted
Please re	turn all correspondence conce	rning this matter to th	ne following:
Barry Oli	ver Chase	O	<u> </u>
	Name of Person		
ChaseLav	vyers		
	Name of Firm/Compa	nv	
21 SE 1st	Ave Ste 700	•••	
-	Address		
Miami, F	1.33131		
	City/State and Zip Co	de	
barry@cl	aselawyers.com		
E-ma	il address: (to be used for future ann	ual report notification)	
For furth	er information concerning this	matter, please call:	
Barry Ch	ase	305	788-7665
_		at ()
_	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Pursuant to the provision	ns of section 605.0	115, Florida Statutes, the un-	dersigned,
Barry Oliver Chase of Ch	naseLawyers		hamahar masiana na
	Name of Registered A	Agent	, hereby resigns as
Ts	sehigh LLC		
Registered Agent for			
	Name of I	Limited Liability Company	-
L20000337966			
Document Nu	mber, if known		
A copy of this resignation	n was mailed to th	ne above listed limited liabili	ty company at its last known address.
The agency is terminated	d and the office dis	segntinued on the 31st day at	ter the date on which this statement is filed.
	2		
		Signature of Resigning Agen	
		Signature of Resigning Agen	1
If signing on behalf of a	n entity:		
	DAR	Ry CHASE	€
		Typed or Printed Name	
		PAR NER	
		Capacity	_

FILING FEES:

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company \$ 85.00 \$ 25.00

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

•	s of section 605.0115, Florida Statu	ites, the undersigned,	
Barry Oliver Chase of Ch	aseLawyers	, hereby re	signs as
	Name of Registered Agent		5
	ehigh LLC		
	Name of Limited Liability Cor	npany	· · · · · · · · · · · · · · · · · · ·
L20000337966			
Document Nur	nber. if known		
A copy of this resignation	n was mailed to the above listed lin	nited liability company a	t its last known address.
The agency is terminated	and the office-discontinued on the	31st day after the date o	n which this statement is filed.
<u>.</u>	6	·	
	1/1/1/1		
	Signature of Re	signing Agent	
If signing on behalf of ar	entity:		
3 3	· //	11100	
	Typed or Printed N	lame	
	Typed or Printed N	F ()	
	Capacity		
	• -		7 cs 2
			021
	FILING FEES:		2021 APR 12 SLCRUIARS ALLAHASSIVED
	\$ 85.00 Active limit	ed liability company	55.5
	\$ 25.00 Administrat	ed liability company ively dissolved/ volunta limited liability compan	·
	withdrawn	minted habitity compan	
			SS ?
	Material Inches	tomoném ont of Casas, soud or	PH 2: 24 OFLORIDA pailto:
	Make checks payable to Florida D		ian to:

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