L200000392407

(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:	¬
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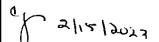
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COVER LETTER

TO: Registration Section Division of Corporations

TLB CONSTRUCTION & POWER WASHING SOLUT SUBJECT:	
Name of Limited Liability	Company
DOCUMENT NUMBER: L20000392407	
The enclosed Resignation of Registered Agent for a Limited for filing.	l Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
Chelsea Chapman	
Name of Person	
Legaline Corporate Services, INC.	
Name of Firm/Company	
10601 Clarence Dr Ste 250	
Address	
Frisco, TX 75033-3867	
City/State and Zip Code	
ra@legaline.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Chelsea Chapman 844	386-0178
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provis	sions of section 605.0115, Florida Statutes, the	undersigned.	
Legaline Corporate Se	rvices, INC.	, hereby resigns as	
	Name of Registered Agent	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Registered Agent for	TLB CONSTRUCTION & POWER WASHING	SOLUTIONS LLC	_
	Name of Limited Liability Company		
L20000392407			
Document	Number, if known		
A copy of this resigna	ation was mailed to the above listed limited lial	oility company at its last known address	S.
The agency is termina	sted and the office discontinued on the 31st day Signature of Resigning A		is filed.
If signing on behalf o	f an entity:		
	Chelsea Chapman	: :	ப ி.
	Typed or Printed Name		P
	On Behalf of Legaline Corporate Services, IN	C. [7]	ف 🗂
	Capacity		PH 6: 00

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