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(((H230003405143)))



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Division of Corporations

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From:

Account Name : INCORPORATING SERVICES, LTD.

Account Number : I200500000052 Phone : (850)656-7956 Fax Number : (850)656-7953 TALLAHASSEE FLORIDA

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## LLC REGISTERED AGENT RESIGNATION TEJ FAMILY, LLC

Certificate of Status	0
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## H230003405143

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

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Pursuant to the provisions of section 605.0115, Florida Statu	tes, the undersigned,
Incorporating Services, Ltd.	, hereby resigns as
Name of Registered Agent	
Registered Agent for TEJ FAMILY, LLC	95 6
	Dr.
Name of Limited Liability Com	pany
L21000074418	
Document Number, if known	
A copy of this resignation was mailed to the above listed lim	ited 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.
Amanda Signature of Res	ENCUMPY: WITH
If signing on behalf of an entity:	
Amanda Archan	nbault
Typed or Printed No	ine
Assistant Secre	etary
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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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