

L2100209993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

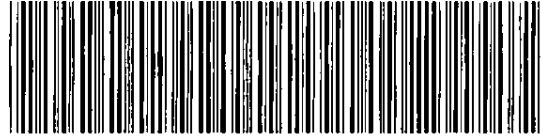
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J DENNIS

AUG 11 2023

Office Use Only



200410940852

06/23/23--01013--008 **25.00

FILED
CLERK OF STATE
2023 JUN 23 AM 11:30

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tinalen LLC
Name of Limited Liability Company

DOCUMENT NUMBER: 1.21000209993

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:

Cory Betts
Name of Person

ZenBusiness Inc.
Name of Firm/Company

336 E. College Ave. Suite 301
Address

Tallahassee, FL 32301
City/State and Zip Code

fulfillment@zenbusiness.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cory Betts at (844) 493-6249
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions of section 605.0115, Florida Statutes, the undersigned,

Registered Agents Inc. _____, hereby resigns as

Name of Registered Agent

Registered Agent for Tinalen LLC

Name of Limited Liability Company

1.21000209993

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:

Registered Agents Inc. by David Roberts

Typed or Printed Name

Assistant Secretary

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

FILED
CLERK OF STATE
JUN 23 AM 11:30
TALLAHASSEE, FL