121000329333

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(Address)
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COVER LETTER

SUBJECT: Name of Limited Liability	Company
DOCUMENT NUMBER: L21000329333	
The enclosed Resignation of Registered Agent for a Limited for filing.	I Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
Chelsea Chapman	
Name of Person	
Legalinc Corporate Services, INC.	
Name of Firm/Company	
10601 Clarence Dr Ste 250	
Address	
Frisco, TX 75033-3867	
City/State and Zip Code	
ra@legalinc.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Chelsea Chapman at (844 Area Code	386-0178
Name of Person Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Florida Departmen liability company or \$25.00 for an administratively dissolve limited liability company.	t of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn

Mailing Address:

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

Registration Section Division of Corporations

TO:

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.011	15, Florida Statutes, the unc	dersigned,	
Legaline Corporate Services, INC. Name of Registered Agent		_ , hereby resigns as		
		ent		
Registered Agent for	TAY & BOYS EXPRES	SS LLC	-	
	Name of Lir	nited Liability Company	·	
L21000329333				
Document	Number, if known			
A copy of this resigna	ition was mailed to the	above listed limited liabilit	y company at its last known address.	
The agency is termina	ited and the office disco	ontinued on the 31st day aff	ter the date on which this statement is filed	
	Muse	Signature of Resigning Agent	<u>on</u>	
If signing on behalf o	f an entity:			
	Chelsea Chapman			
	•	Typed or Printed Name		
	On Behalf of Legalir	nc Corporate Services, INC.	~ 3	
	<u> </u>	Capacity	22	
	FILING © \$ 85.00 O \$ 25.00	FEES: Active limited liability of Administratively dissolution withdrawn limited liab	company ved/voluntarily dissolved/	

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