

L21000360199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

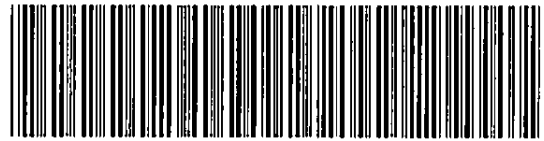
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TY&K SHINE AND PROTECTION LLC

\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L21000360199

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:

Ryan Potter

\_\_\_\_\_  
Name of Person

ZenBusiness Inc.

\_\_\_\_\_  
Name of Firm/Company

336 E. College Ave. Suite 301

\_\_\_\_\_  
Address

Tallahassee, FL 32301

\_\_\_\_\_  
City/State and Zip Code

ra@zenbusiness.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ryan Potter

844

493-6249

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions of section 605.0115, Florida Statutes, the undersigned,

REGISTERED AGENTS INC.

, hereby resigns as

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for \_\_\_\_\_

TY&K SHINE AND PROTECTION LLC

\_\_\_\_\_  
Name of Limited Liability Company

121000360199

\_\_\_\_\_  
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.

\_\_\_\_\_  
*David Roberts*  
Signature of Resigning Agent

If signing on behalf of an entity:

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

2017-02-06 PM 1:38  
FILED  
TALLAHASSEE, FL