L21000396142

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(0-	and Alexander	
(100	cument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

TO:	Registration Section Division of Corporations	
cun i	TAOO Sports LLC	

SUBJECT: 1700 Oports LLO		
Name of Lim	ited Liability	Company
DOCUMENT NUMBER: L21000396142		
The enclosed Resignation of Registered Agent for filing.	or a Limited	Liability Company and fee are submitted
Please return all correspondence concerning this	matter to th	ne following:
United States Corporation Agents, Inc.		
Name of Person		
Legalzoom.com, Inc.		
Name of Firm/Company		
9900 Spectrum Dr.		
Address		
Austin, TX 78717		
City/State and Zip Code		
raresignations@legalzoom.com		
E-mail address: (to be used for future annual report i	notification)	
For further information concerning this matter, p	olease call:	
at	800	773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.011	5, Florida Statutes, the unders	igned,	
United States Corp	oration Agents, In	IC.	hereby resigns as	
	Name of Registered Ager		nercoy resigns as	
Registered Agent for T	AOO Sports LLC			_
	<u>_</u>			_•
	Name of Lim	ited Liability Company		
L21000396142				
Document Nu	ımber, if known			
A copy of this resignation	on was mailed to the a	bove listed limited liability c	ompany at its last known address.	
The agency is terminate	d and the office disco	ntinued on the 31st day after	the date on which this statement is	s filed.
		Signature of Resigning Agent		
If signing on behalf of an entity: Cheyenne Moseley				5.15
				5
	•	yped or Printed Name		
Asst. Secretary for United States Corporation Agents, Inc.			nts, Inc.	-
		Capacity		1 .
				~ ;
	<u>FILING</u> \$ 85.00 \$ 25.00	FEES: Active limited liability con Administratively dissolved withdrawn limited liability	npany / voluntarily dissolved/ / company	

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