

L210000 422 763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

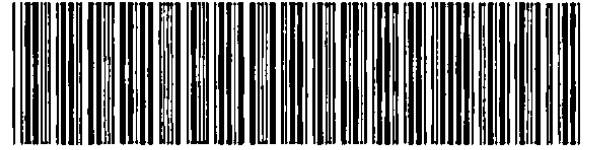
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# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TLCL LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L21000422763

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:

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) 386-0178  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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