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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

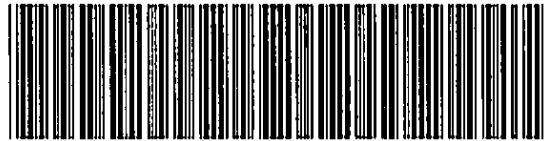
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Take Back Our County. It's Worth Saving LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L21000426400

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:

Bruce M. Tyrell
Name of Person

Name of Firm/Company

4260 SE Federal Highway
Address

Stuart, Florida 34997
City/State and Zip Code

bmt@investments10.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bruce Merton Tyrell at (954) 858-6177
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Joseph Zachary Gazza

, hereby resigns as

Name of Registered Agent

Registered Agent for Take Back Our County. It's Worth Saving LLC

Name of Limited Liability Company

L21000426400

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:

Typed or Printed Name

Capacity

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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



**4260 S.E. FEDERAL HIGHWAY
STUART, FLORIDA 34997
TEL. 772-546-4101
CELL 772-341-1918
Reneg@BeAManBuyLand.com**

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

May 4, 2022

RE: Document No. L21000426400
Take Back Our Country, It's Worth Saving LLC

To Whom It May Concern:

Enclosed please find a the following documents:

1. Dissociation or Resignation of Member with a check in the amount of \$25.00.
2. Statement of Resignation of Registered Agent with a check in the amount of \$85.00.

Please let me know if you have any questions.

Best Regards.

Rene S. Griffith
In-House Counsel/Authorized Agent
Reneg@BeAManBuyLand.com