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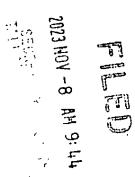
(Requestor's Name)
(Address)
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COVER LETTER

TRD&M INVESTMENTS LLC

TO: Registration Section Division of Corporations

SUBJECT: 133 and 111 23 THE TOTAL	
Name of Limited Liability	Company
DOCUMENT NUMBER: L22000241250	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	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 notification)	
For further information concerning this matter, please call:	
31 (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisi	ions of section 605.0115, Florida Statutes, the undersi	gned,	
United States Corporation Agents, Inc.		nereby resigns as	
	Name of Registered Agent	ictedy resigns as	
Registered Agent for	TBD&M INVESTMENTS LLC		-
	Name of Limited Liability Company		
L22000241250			
Document ?	Number, if known		
A copy of this resignal	tion was mailed to the above listed limited liability co	mpany at its last known address.	
The agency is terminal	ted and the office discontinued on the 31st day after the	ne date on which this statement is	s filed.
	Signature of Resigning Agent	SECONO TO LONG	- 1 14
If signing on behalf of	an entity:	∯ V	(1272) CINTED O II
	Cheyenne Moseley	. ė	, ∬ (***** })
	Typed or Printed Name		(F==7)
	Asst. Secretary for United States Corporation Agen	ts, Inc.) <u>'```</u>
	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