

L22 000 380 627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

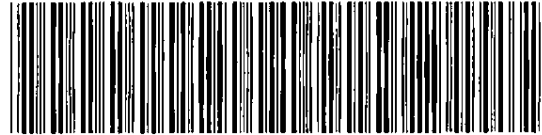
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

T. Greene 1/3/25

Office Use Only



000440546740

FILED  
24 JAN -3 PM 12:31  
CLERK OF COURT  
JANUARY 24, 2025  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TF MANGO VILLA LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L22000380627

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:

Westley Look

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

Incorporating Services, Ltd.

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

3500 S DuPont Highway

\_\_\_\_\_  
Address

Dover, DE 19901

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

wlook@incserv.com

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

For further information concerning this matter, please call:

Westley Look at ( 302 ) 531-0703  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions of section 605.0115, Florida Statutes, the undersigned,

Incorporating Services, Ltd.

, hereby resigns as

Name of Registered Agent

Registered Agent for TF MANGO VILLA LLC

Name of Limited Liability Company

L22000380627

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.

Westley Look  
Signature of Resigning Agent

If signing on behalf of an entity:

Westley Look

Typed or Printed Name

Assistant Secretary

Capacity

FILED  
24 JAN -3 PM 12:31  
TALLAHASSEE, FLORIDA

### 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