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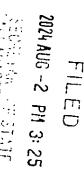
(Requestor's Name)			
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PICK-UP	WAIT MAIL		
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(Docume	ent Number)		
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Special Instructions to Filing Officer:			
Special instructions to riving	J. HORNE AUG 13 2024		

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Name of Limited	Liability Company
DOCUMENT NUMBER: 1.22000383217	
	a Limited Liability Company and fee are submitted
for filing.	
Please return all correspondence concerning this m	atter to the following:
Cory Betts	
Name of Person	
ZenBusiness Inc.	
Name of Firm/Company	
336 E. College Ave. Suite 301	
Address	
Tallahassee, FL 32301	
City/State and Zip Code	
ra@zenbusiness.com	
E-mail address: (to be used for future annual report not	ification)
For further information concerning this matter, ple	ase call:
Cory Betts 8	44 493-6249
Name of Person	rea Code Daytime Telephone Number
Enclosed is a check made payable to the Florida D liability company or \$25.00 for an administratively limited liability company.	epartment of State for \$85.00 for an active limited dissolved, voluntarily dissolved or withdrawn

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

•	sions of section 605.0115, Florida Statutes, the ur		
ZenBusiness Inc.	N. Chairman A.	, hereby resigns as	100 Page
	Name of Registered Agent		
Registered Agent for	TG Jet LLC		
	Name of Limited Liability Company		····································
1.22000383217			
Documen	t Number, if known		
.,	ation was mailed to the above listed limited liabil ated and the office discontinued on the 31st day a		
	Signature of Resigning Age	nt	
If signing on behalf o	of an entity:		
	ZenBusiness Inc. by Khadijeh Hemmati		
	Typed or Printed Name		
	Secretary		
	Capacity	.	

\$85.00 Active limited liability company
\$25.00 Administratively 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

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