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Office Use Only



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COVER LETTER

TNB METAL WORKS LLC SUBJECT: Name of Limited Liability Company DOCUMENT NUMBER: L22000437251 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: Travis Crabtree Name of Person LEGALCORP SOLUTIONS, LLC Name of Firm/Company 3 Greenway Plaza #1320 Address Houston, TX 77046 City/State and Zip Code randynichols792@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LegalCorp Solutions, LLC Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ions of section 605.011	5. Florida Statutes, the (undersigned.		
LEGALCORP SOLUTI	IONS, LLC		, hereby resign	ns as	
	Name of Registered Age		(
Registered Agent for	TNB METAL WORKS	LLC			-
	Name of Lin	nited Liability Company			_•
L22000437251					
Document 3	Number, if known				
	ted and the office disco	above listed limited liab entinued on the 31st day Signature of Resigning Ag	after the date on wh		
it signing on behalf or	Travis Crabtree				
		'yped or Printed Name Capacity		2023 NOV	-17
	FILING \$ 85.00 \$ 25.00		ity company solved/ voluntarily iability company	上	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

COVER LETTER

TNB METAL WORKS LLC			
SUBJECT:Name of	of Limi	ited Liability	Company
DOCUMENT NUMBER: L22000437251			
The enclosed Resignation of Registered A for filing.	gent f	or a Limited	Liability Company and fee are submitted
Please return all correspondence concerning	ng this	matter to th	e following:
Travis Crabtree			
Name of Person			
LEGALCORP SOLUTIONS, LLC			
Name of Firm/Company			
3 Greenway Plaza #1320			
Address			
Houston, TX 77046			
City/State and Zip Code			
randynichols792@gmail.com			
E-mail address: (to be used for future annual	report i	notification)	
For further information concerning this ma	atter, p	olease call:	
LegalCorp Solutions, LLC	at (534-3018
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.

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TO:

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		, hereby res	ions as
LEGALCORP SOLUTIONS,	LLC	, nercoy roo	*0
Nai	me of Registered Agent		
TNB	METAL WORKS LLC		
Registered Agent for			
	Name of Limited Liability	Company	
L22000437251			
Document Numb	ilad to the above listed	limited liability company a	nt its last known address.
The agency is terminated	and the office discontinued on	the 31st day after the date t	on was
	Signature	of Resigning Agent	2023 HOV -
If signing on behalf of ar	entity:		
	Travis Crabtree	ered Name	
	Typed or Pri		M 9: 45
	Capacit		

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