# L23000 215567

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL				
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☐ P!CK-UP ☐ WAIT ☐ MAIL				
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(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				





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#### COVER LETTER

TO: Registration Section
Division of Corporations

Company
Liability Company and fee are submitted
ne following:
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24 24 24 E
773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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	ons of section 605.0115, Florida S	Statutes, the undersigned,	
United States Corporation Agents, Inc.		, hereby resign	s as
	Name of Registered Agent	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- ···
Registered Agent for _	TechBazaar LLC		
	Name of Limited Liability	Company	<u></u> ,
L23000215567			
Document N	Number, if known		
	ion was mailed to the above listed and the office discontinued on	• • •	hich this statement is filed
	Tik Tre	ettlein (Resigning Agent	RETARY
If signing on behalf of	an entity:		PH 4: 24 VSEEL FL
	Erik Treutlein		72 P
	Typed or Printe	ed Name	
	Vice President for United State	s Corporation Agents, Inc.	
	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\$25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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