# L23000474068

(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:





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S. PRATHEF

### **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: TMLM Properties LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L23000474068	
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	he 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:	
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision	ons of section 605.0115, I	Florida Statutes, the undersi	gned,	
United States Corp	poration Agents, Inc.	l <sub>3</sub>	ereby resigns as	
	Name of Registered Agent		ereby resigns as	
Registered Agent for	MLM Properties LLC	<del>-</del>		
	Name of Limited	Liability Company		<u> </u>
L23000474068				
Document N	umber, if known	_		
A copy of this resignati	on was mailed to the abo	ve listed limited liability co	mpany at its last known addres	SS.
The agency is terminate	ed and the office discontin	nued on the 31st day after th	ne date on which this statemen	t is filed.
	Trik T	Treutlain gnature of Resigning Agent		
	Si	gnature of Resigning Agent	<del></del>	
If signing on behalf of a	nn entity:		٠.	<u>~</u>
	Erik Treutlein		• •	2924 Dill - 6
	Турес	or Printed Name		; <u> </u>
	Vice President on behalf of	United States Corporation Ager	its, Inc.	_===
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	<u>FILING FE</u> \$ 85.00 A	ES: ctive limited liability comp	oany	S
	\$ 25.00 A	ctive limited liability comp dministratively dissolved/ vithdrawn limited liability	voluntarily dissolved/ company	

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