M03000002508

(Req	juestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ilina Officer:	
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N. Culligan APK 1 7.2013

COVER LETTER

SUBJECT: TMG REAL ESTATE AND FINANCIAL SERVICES, LLC Name of Limited Liability Company				
DOCUMENT NUMBER: M0300002508	M03000002508			
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are su for filing.	bmitted			
Please return all correspondence concerning this matter to the following:				
ROBIN MOLT Name of Person				
CORPORATION SERVICE COMPANY Name of Firm/Company				
80 STATE STREET 10TH FL Address				
ALBANY NY 12207 City/State and Zip Code				
RMOLT@CSCINFO.COM E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
ROBIN MOLT at (518) 433-7018 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO:

Amendment Section 'Division of Corporations

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section $608.416(2)$ or 608.509 , Florida Statutes, the	undersigned,
	TION SERVICE COMPANY , hereby Jame of Registered Agent	resigns as
Registered Agent for	TMG REAL ESTATE AND FINANCIAL S	ERVICES, LLC
	Name of Limited Liability Company	,
M030000	002508	
Document Num	ber, if known	
A copy of this resignation	was mailed to the above listed limited liability compan	y at its last known address.
The agency is terminated a	and the office discontinued on the 31st day after the date CORPORATION SERVICE COMPANY Signature of Resigning Agent	e on which this statement is filed.
If signing on behalf of an		24 80 SEC
	ROBIN MOLT	- F
-	Typed or Printed Name	
	asst secretary	
-	Capacity	ED PHI2: 3 OF STATE FLORID

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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