MOH0000004063

(F	Requestor's Name)	
Α)	Address)	
A)	Address)	
(0	City/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
	Business Entity Name)	
(6	ousiness Emity Manie)	
(E	Document Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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2024 JAN -3 PH 2:54 SECRETARY OF STATE



Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Moreau mmoreau@incserv.com

850.656.7953

REQUEST DATE 01/03/2024

ORDER ENTITY

TOLLEFSON LAND HOLDINGS, LLC

PRIORITY Routine OUR REF # (Order ID#) Westley

PLEASE PERFORM THE FOLLOWING SERVICES:

TOLLEFSON LAND HOLDINGS, LLC

Please file the attached resignation.

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

SUBJECT: TOLLEFSON LAND HOLDINGS, LLC Name of Limited Liability (Company
DOCUMENT NUMBER: M0400004063	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	e following:
Westley Look	
Name of Person	
Incorporating Services, Ltd.	2074 SE
Name of Firm/Company	ALLE A
3500 S DuPont Highway	RETAR.
Address	PH 2:54
Dover, DE 19901	inio N
City/State and Zip Code	
wlook@incserv.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Westley Look 302	531-0703 Daytime Telephone Number
Name of Person Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Florida Department liability company or \$25.00 for an administratively dissolved liability company.	of State for \$85.00 for an active limited divided an active limited dissolved or withdrawn limited

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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 provisions of section 605.0115,	Florida Statutes, the undersigned,	
Incorporating Services, Ltd.	, hereby resigns as	
Name of Registered Agent		
Registered Agent for TOLLEFSON LAND	HOLDINGS, LLC	
Name of Limite	ed Liability Company	
M0400004063		
Document Number, if known		
	tinued on the 31st day after the date on which this statement is file	.g.,
AAN	Signature of Resigning Agent	ا مورود مورود
If signing on behalf of an entity:	î vi	
Ama	nda Archambault	
Туј	ped or Printed Name	
Assi	istant Secretary	
	Capacity	

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