M0400005329

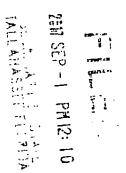
(Requestor's Name)			
(Address)			
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HARRIE

COVER LETTER

SUBJECT.	TKZE INVESTME	NTS, LLC	
SUBJECT: Name of Limited Liability Company			
DOCUMENT NUMBER:_	M040000053		
The enclosed Resignation of for filing.	Registered Agent for a Limi	ited Liability Company and fee are submitted	
Please return all corresponder	nce concerning this matter t	o the following:	
Kaitie S	Sperry		
Name o	of Person		
Corporate	Direct, Inc.		
Name of Fi	rın/Company		
2248 Merid	lian Blvd, Ste H		
Ado	dress		
Minden, I	NV 89423		
City/State a	and Zip Code		
info@corpor	atedirect.com		
E-mail address: (to be used for	or future annual report notification	1)	
For further information conce	erning this matter, please ca	u:	
Kaitie Sperry	775	782-2201	
Name of Perso	n Area Co	782-2201 ode Daytime Telephone Number	
Enclosed is a check made payliability company or \$25.00 f liability company.		nent of State for \$85.00 for an active limited lved, voluntarily dissolved or withdrawn limite	

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,	
Gerri Detweiler	, hereby resigns as	
Name of Registered Agent		
Registered Agent for TKZE INVESTMENTS, LLC		
Name of Limited Liability Company	···································	
M0400005329		
Document Number, if known		
A copy of this resignation was mailed to the above listed limited liab. The agency is terminated and the office discontinued on the 31st day.		
Signature of Resigning As If signing on behalf of an entity: Gerri Detweiler Typed or Printed Name Reg agent Capacity FILING FEES:	FIT SEP - I PH I2: 10	
\$ 85.00 Active limited liabili \$ 25.00 Administratively dis withdrawn limited l	ity company ssolved/ voluntarily dissolved/ liability company	

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