# M1000003837

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
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· (Bu	siness Entity Nar	me)
(Do	cument Number)	
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### COVER LETTER . . .

TO: Amendment Section Division of Corporations

SUBJECT:	TSA ASPEN/SI	NOW/MASS, ed Liability Compa	LLC	
DOCUMENT NUMBER:_		и1000000383	•	
The enclosed Resignation of for filing.	Registered Agent for	a Limited Liabil	ity Company and fee are	: submitted
Please return all corresponde	nce concerning this n	natter to the follo	wing:	
Andrew Name o	Lundgren of Person	<del></del> .		12 APR 24 PH 3:
National Corpora	ite Research, Ltd.		•	.E ~
Name of Fi	rm/Company			انگان د ،
	ont Higway Iress			ر
	DE 19901 nd Zip Code			
E-mail address: (to be used for	or future annual report no	tification)		
For further information conce	rning this matter, ple	ease call:		
Andrew Lundgr Name of Person	en at (_	800 ) Area Code & Dayti	483-1140 me 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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 secti	on 608.416(2) or 608.509, Florida Statutes, the undersigned,	5
	rate Research, Ltd. , hereby resigns as	12 2 de 0
Registered Agent for	TSA ASPEN/SNOW/MASS, LLC	`\$
	Name of Limited Liability Company	
M10000003837 Document Number, if kno		
A copy of this resignation was ma	led to the above listed limited liability company at its last known address.	
The agency is terminated and the o	ffice discontinued on the 31st day after the date on which this statement is file	ed.
	Signature of Resigning Agent	
If signing on behalf of an entity:	$\bigcup$	
	Andrew Lundgren	
	Typed or Printed Name	
	Vice President, NCR, Ltd	
	Canacity	

**FILING FEES:** \$ 85.00 Activ \$ 25.00 Admi

Active limited liability company
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withdrawn limited liability company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