M14000006138

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COVER LETTER

TO:	Registration Section Division of Corporations
SURI	Tax Defense Network, LLC ECT: Name of Limited Liability Company
50150	Name of Limited Liability Company
DOCU	UMENT NUMBER: M14000006138
The er for fili	nclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted ng.
Please	return all correspondence concerning this matter to the following:
Mike	Musso
	Name of Person
Tax [Defense Network, LLC
	Name of Firm/Company
9000	Southside Blvd., 10th Floor, Suite 1000
	Address
Jacks	sonville, FL 32256
	City/State and Zip Code
mmu	sso@conwaymackenzie.com
E	mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
Mike	Musso 21 904 421-4410
	Musso at (904) 421-4410 Name of Person Area Code Daytime Telephone Number
liabilit	sed is a check made payable to the Florida Department of State for \$85.00 for an active limited by company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited by company.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 provisions of section 605.0	115, Florida Statutes, the	e undersigned,	
Warren Jay Stamm, Esq.		, hereby resigns as	
Name of Registered A	-	<u> </u>	
Registered Agent for Tax Defense Ne	twork, LLC		
Name of	Limited Liability Company	,	
M1400006138			
Document Number, if known			
A copy of this resignation was mailed to the	he above listed limited lia	ability company at its last known address.	
The agency is terminated and the office di	scontinued on the 31st da		filed
If signing on behalf of an entity:	J		
	Typed or Printed Name	ZARY O	Ĺ
	Capacity	A & 16	}
FILIT \$ 85.0 \$ 25.0	NG FEES: O Active limited liabi Administratively di withdrawn limited	oility company lissolved/ voluntarily dissolved/ I liability company	

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