

M17000003523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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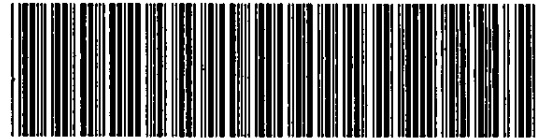
(Business Entity Name)

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APR 18 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tiago Title LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M17000003523

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sendy A McKelvey

Name of Person

Tiago Title LLC

Name of Firm/Company

9302 Pontiac Drive

Address

Tampa, Florida 33626

City/State and Zip Code

sendy825@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sendy A McKelvey

Name of Person

at (813) 777-6921
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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,

Sendy A McKelvey

Name of Registered Agent

, hereby resigns as

Registered Agent for **Tiago Title LLC**

Name of Limited Liability Company

M17000003523

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Tiago Title LLC

Typed or Printed Name

Registered Agent Name

Capacity

APR 15 2014 49
TALLAHASSEE, FLORIDA

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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