1417000005392

(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	#)
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JIJL 3 2021

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 919825 8323810

AUTHORIZATION : CAN Lalendo

COST LIMIT : \$ 25.00

ORDER DATE : July 20, 2021

ORDER TIME : 9:18 AM

ORDER NO. : 919825-005

CUSTOMER NO: 8323810

CHANGE OF AGENT

NAME: TBM ENERGY SERVICES, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Unassigned

COVER LETTER

SUBJECT:____ Name of Limited Liability Company DOCUMENT NUMBER: M17000005392 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: RESIGNATIONS DEPARTMENT Name of Person CORPORATION SERVICE COMPANY Name of Firm/Company 251 LITTLE FALLS DRIVE Address WILMINGTON, DE 19808 City/State and Zip Code ANNUALREPORTS@CSCGLOBAL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RESIGNATION DEPT at (_____)
Area Code Daytime Telephone Number Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations

TO:

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.011.	Florida Statutes, the und	lersigned.
CORPORATION SERVICE COMPANY		, hereby resigns as
Name of Registered Age		
Registered Agent for TBM ENERGY SERVIC	CES, LLC	
Name of Lim	nited Liability Company	·
M17000005392		
Document Number, if known		
A copy of this resignation was mailed to the a	above listed limited liabilit	y company at its last known address.
The agency is terminated and the office disco	ontinued on the 31st day aft	er the date on which this statement is filed.
Oleyfix	Signature of Resigning Agent	
If signing on behalf of an entity:		
BY ALEXXIS WEIL	.AND	
	yped or Printed Name	
VICE PRESIDENT		
	Capacity	
EU DZ	eree.	FIID. 26
FILING \$ 85.00 \$ 25.00	Active limited liability of Administratively dissolve withdrawn limited liabi	company ved/ voluntarily dissolved/ lity company

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