

M17000008328

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : URS AGENTS LLC
Account Number : I20150000127
Phone : (800)567-4397
Fax Number : (800)567-4398

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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LLC REGISTERED AGENT RESIGNATION
TELECOM SOUTHEAST, LLC

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F-20

Electronic Filing Menu

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g 6/7/2022

COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: TELECOM SOUTHEAST, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: M17000008328

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:

Ashley Willingham

Name of Person

URS Agents

Name of Firm/Company

3675 Crestwood Pkwy Suite 350

Address

Duluth, GA 30096

City/State and Zip Code

resignations@urscompliance.com

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

For further information concerning this matter, please call:

Ashley Willingham

Name of Person

at (877) 275-2767

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

INHS17 (2/14)

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**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

URS AGENTS LLC

Name of Registered Agent

, hereby resigns as

Registered Agent for TELECOM SOUTHEAST, LLC

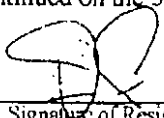
Name of Limited Liability Company

M17000008328

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:

Edwardo Saldana

Typed or Printed Name

Manager

Capacity**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

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