

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

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Account Name : SUPERBIZ.COM, INC.

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Phone

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Fax Number

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## Foreign Limited Liability Company TeaBow Residential LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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August 29, 2018

To whom it may concern:

On August 28th, 2018, I voluntarily dissolved my LLC - TEABOW RESIDENTIAL LLC - DOC# L18000202128. I have no intention of revoking the LLC dissolution.

I am now filing an Authorization for Foreign Limited Liability Company and do hereby release the name for use to the entity.

Thank you,

Ben Teasdell, III

Member

4.18000253068.3

APPLICATION BY FO	OREIGN LIMITED LIABILITY CO IN	OMPANY FOR AUTHORIZATIO FLORIDA	n to transact business *+-/8008 25306 8-3
	TION 605.0902, FLORIDA STATUTES, THE ISINESS INTHE STATE OF FLORIDA:	E FOILOWING IS SUBMITTED TO REGIS	,
1. TEABOW RESID			
(Name of Foreign	Littilled Liability Company; must include "Lin	ntied Lability Company," "E. L.C.," or "L.C.,"	)
(If name unavallable, unter alternate n	ame adopted for the purpose of transacting business in	Florida. The elicmate name must include "Limited Li-	billy Company," "LLC," or "LLC.")
2. WASHINGTON D	C	3. 81-46	n89058
(Jurisdiction under the law of w	beth foreign limited fiability company is organized)	(FEI 1101)	bor, if applicable)
4,			
· · · ·	(Data first transacted business in Florida, if prior (Sec accions 605,0004 & 605,0905, P.S. to det	r lo registration.) ormine penalty liability)	
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(Surea Assirea un WASHINGTON,	•	WASHINGTON, DO	· • • • • • • • • • • • • • • • • • • •
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			SEN
7 Name and street address	ss of Florida registered agent: (P.O. B	Sox NOT accentable)	5 P
7. Hanto and alloce both to	BEN TEASDEL III	MA MAZZI MOMONO	
Name:	BEN TEASUEL III		8 8 C
Office Address:	1501 S DALE MABRY HIGHWA	AY, STE A1	
	TAMPA	, Florida 33629	
	(CIA)	(Zip co	dt)
and accept the obligation	s of my position as rogistered agent.	NE -	
	(Registered age	TX's any totales)	<del></del>
8. The name, title or cap Title or Capacity:	ocity and address of the person(s) who Name and Address:	hes/have authority to manage is/are: Title or Capacity:	Name and Address:
AMBR	BEN TEASDEL III		
	BIG C STREET ME		
	WASHINGTON, DC 26002	<del></del>	
(Use attachments if neces	sary)		
	of existence, no more than 90 days o of which it is organized. (If the certifi ubmitted)		
	, RE	N TEASDEL III	
		store of an extherized person	
	cuted in accordance with section 605,0 the Department of State coastinges of		
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4./8000253068-3 Initial File #: L00005561455 Entity Type: LLC

## GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
CORPORATIONS DIVISION



## CERTIFICATE

THIS IS TO CERTIFY that all applicable provisions of the District of Columbia Business Organizations Code (Title 29) have been complied with and accordingly, this CERTIFICATE OF GOOD STANDING is hereby issued to

TeaBow Residential LLC

WE FURTHER CERTIFY that the domestic filing entity is formed under the law of the District on 1/6/2017; that all fees, and penalties owed to the District for entity filings collected through the Mayor have been paid and Payment is reflected in the records of the Mayor; The entity's most recent biennial report required by § 29-102.11 has been delivered for filing to the Mayor; and the entity has not been dissolved. This office does not have any information about the entity's business practices and financial standing and this certificate shall not be construed as the entity's endorsement.

IN TESTIMONY WHEREOF I have hereunto set my hand and caused the seal of this office to be affixed as of 8/28/2018 1:27 PM

Business and Professional Licensing Administration

Muriel Bowser Mayor

Tracking #; plcgkWup

PATRICIA E. GRAYS Superintendent of Corporations Corporations Division

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