Po(00/1/240/

(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(В	usiness Entity Name)
(□	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
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	Office Lies Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

2009 APR 13 AM 8: 37

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: TLC Indoor Air Quality Services; LLC (Name of Corporation)
DOCUMENT NUMBER: <u>P0600014 2 40 1</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Luis A. Alicea (Name of Person)
(Name of Firm/Company)
6919 Distribution Aug. Unit #4
JackSanui //e, FL 32256 (City/State and Zip Code)
For further information concerning this matter, please call:
Dalys Hi'Cla at (904) 292-063() (Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617	.1509,			
Florida Statutes, the undersigned, (Name of Registered Agent)				
hereby resigns as Registered Agent for TCIndov Air Quan (Name of Corporation)	lity S	r <u>Lv</u> U,C	zes į Di	nC
PO600142 40 / (Document Number, if known)				
A copy of this resignation was mailed to the above listed corporation at its last known	own addi	ress.		
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed. (Signature of Resigning Agent)	SEC TALL	, 2009 APR 13	essequina .	
If signing on behalf of an entity: Luís A. Alicea (Typed or Printed Name)	RETARY OF STATE AHASSEE. FLORIDA	R 13 AM 8: 36		
(Capacity)				

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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