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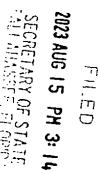
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COVER LETTER

SUBJECT:___ Name of Limited Liability Company DOCUMENT NUMBER: P08000067864 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: Sierra Campos Name of Person First Corporate Solutions Inc. Name of Firm/Company 914 S St Address Sacramento CA 95811 City/State and Zip Code RAServices@ficoso.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sierra Campos 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 secti	ion 605.011:	5, Florida Statutes, the undersig	med,	
First Corporate Solutions, Inc.		nereby resigns as		
	_			
Registered Agent for TKL HOLD	INGS, INC.			
				,
	Name of Registered Agent t for TKL HOLDINGS, INC. Name of Limited Liability Company Indeed, if known Indeed, if known address. Indeed, if known			
P08000067864				
Document Number, if kno	own			
A copy of this resignation was ma	ailed to the a	bove listed limited liability cor	npany at its last kn	nown address.
The agency is terminated and the	office disco	ntinued on the 31st day after th	e date on which th	is statement is file
	Rus	Signature of Resigning Agent	<u>-</u>	
If signing on behalf of an entity:		V		
Richard	Ahrens			
	т	yped or Printed Name		5.5 2
CFO				23 t
		Capacity		
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	FILING	FFFC.		
		Active limited liability comp Administratively dissolved/ withdrawn limited liability	oany voluntarily dissol company	

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