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| (Re                                     | equestor's Name)  |             |  |  |  |
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| (Ci                                     | ty/State/Zip/Phon | e #)        |  |  |  |
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#### **COVER LETTER**

| Division of Corporations   |
|--|
| SUBJECT: Total Package Quality, LLC (Name of Limited Liability Company)  |
| The enclosed member, resignation or dissociation and fee(s) are submitted for filing.  |
| Please return all correspondence concerning this matter to:  |
| Elijah Hayes, Jr. (Contact Person)   |
| Total Package Quality, LLC  J(Firm/Company)  |
| 2223 50th Circle East (Address)  |
| Palmetto, FL 34221<br>(City/State and Zip Code)  |
| For further information concerning this matter, please call:   |
| Elijah Hayes Jr. at (941) 960 - 0783  (Name of Contact Person) (Area Code & Daytime Telephone Number)  |
| Enclosed please find a check made payable to the Florida Department of State for:  \$\sim \\$25 \text{ Filing Fee} \square \\$55 \text{ Filing Fee & Certified Copy}\$ |

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

**MAILING ADDRESS:** 

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

CR2E079 (2/14)



### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

| 1. The name of the                        | limited liability compar  | ny as it appears on  | the records of the   | Florida Depar             | tment         |
|---|---|----------------------|----------------------|---------------------------|---------------|
| of State is:                              | ital Package Q  | ruality, LLC         |                      |                           | <del></del> · |
| 2. The Florida docu                       | iment/registration numb   | per assigned to this | limited liability co | ompany is:                |               |
| L140001                                   | 07060   |                      |                      | 15<br>SEC<br>JAEL         |               |
| 3. The date this me                       | mber/manager withdrev   | v/resigned or will v | withdraw/resign is:  | 1年到200                    | 5             |
| 4. I, Arthur<br>Print N                   | mber/manager withdrev<br>Huggins, Jr.<br>Jame of Person Resigning)<br>Representative<br>(Print Title) | , hereby             | withdraw/resign as   | 12 AM<br>SSEE, F          | Straight.     |
| Authorized                                | ! Representative<br>(Print Title)   | <u>.</u> .           |                      | IO: 14<br>STATE<br>LORIDA | han }         |
| of this limited lial<br>resignation in wr | bility company and affiriting.  | m the limited liabi  | lity company has b   | been notified o           | of my         |
| MA  |   |                      |                      | ·                         |               |
| Signature of Di                           | ssociating Member or R  | Resigning Manager    |                      |                           |               |
| Filing Fee:                               | \$25.00 (Required)  |                      |                      |                           |               |
| Certified Copy:                           | \$30.00 (Optional)  |                      |                      |                           |               |