L1900025179

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: T. Spencer L. (Name of L.	Lc imited Liability Company)
The enclosed member, resignation or disso	ociation and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to:
Michael T. Spencer (Contact Person)	
T. Spencer LLc (Firm/Company)	
9770 19te dr (Address)	
Week; Wachee Al 34 (City/State and Zip Code)	4613
For further information concerning this ma	atter, please call:
M: Cheel T Spence/ (Name of Contact Person)	at (<u>727</u>) <u>5913680</u> (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee	e to the Florida Department of State for: \$\square\$ \$\square\$ \$\\$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee. Florida 32301



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 company as it appears on the records of the Florida Department
of State is: T. Spencer LLC
2. The Florida document/registration number assigned to this limited liability company is:
L 19000025179
3. The date this member/manager withdrew/resigned or will withdraw/resign is: Feb 11 Th 2019
4. 1, Timoth, Hayne Wellborn, hereby withdraw/resign as a (Prin Name of Kerson Resigning)
Appointed Person (Print Title)
of this limited liability company and affirm the limited liability company has been betified of my resignation in writing.
resignation in writing.
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required) Certified Conv. \$30.00 (Ontional)