01000007967

(Requestor's Name)	
(Address)	
•	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(=====,	
(Document Number)	
(========,	
Certified Copies Certificates of Status	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





200141709122

01/23/09--01012--010 **55.00

SECRETARY OF STATE FLORIDA

M. THOMAS

JAN 2 6 2009

EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: T. M. Y. ENTERPRISES LLC (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
RAI/iS VORCE (Contact Person)
T.M. Y. ENTELLISES LLC (Firm/Company)
6024 N 9TH AVE STEZ
PENSTCOLA FL 32507/ (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (\$50) 484.696 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$certified Copy
STREET/COURIER ADDRESS: MAILING ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the of State is:	limited liability company as it appears on the records of the Florida Department M. V. ZNERPRISES ZLC
2. This limited liab	lity company was organized under the laws of: Department of S TATE DIVISION STORES
	ment/registration number of this limited liability company is:
4. I, WILL A.	RD CHUTCHINSONSE, hereby resign as a MGMR ome of Person Resigning) (Print Title)
of this limited liab resignation in wri	oility company and affirm the limited liability company has been notified of my ting.
Signature of Resi	1/17/2008 Thing Member, Managing Member or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)