## 101000015348

, (Re	equestor's Name)	
(Ac	ldress)	
(Ac	Idress)	
·		
(Ci	ty/State/Zip/Phone	9 <b>#</b> )
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nar	ne)
	·	
(Do	ocument Number)	1.5
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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D. BRUCE

JUL 22 2010

EXAMINER

## COVER LETTER . . .

TO: Registration Section

Tallahassee, Florida 32301

CR2E079 (5/06)

Division of Corporations			
SUBJECT: TLC Specialties, LLC	Liskility Company)		
(Name of Limited	Liability Company)		
The enclosed member, managing member or ma filing.	nager resignation and fee(s) are submitted for		
Please return all correspondence concerning this	matter to:		
Nancy Niento			
(Contact Person)			
TLC Specialties, LLC			
(Firm/Company)			
	<u> </u>		
2521 NW 16th Lane Suite C			
(Address)			
Pompano Beach Fl. 33064	150 S		
(City/State and Zip Code)			
For further information concerning this matter,	please call:		
Ann Saiz	914 497-7244		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the \$25 Filing Fee	\$55 Filing Fee &		
	Certified Copy		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Evecutive Center Circle	Tallahassee Florida 32314		



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

of State is:	Specialties, LLC			<b>7</b> 6	ent
2. This limited liabil Florida	ity company was organized und	der the laws of:		JUL 21 A	
3. The Florida docur <u>L01000015</u>	ment/registration number of this	s limited liability c 	ompany is:	H D: 45	
4. I, Nancy Nier		_, hereby resign as	a MGMR		_
of this limited liabi	me of Person Resigning) lity company and affirm the lin	nited liability com	•	n Title) notified of n	ny
resignation in writ					
	ning Member, Managing Mem	ber or Manager	!		

CR2E079 (5/06)