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(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Tassel, LLC Name of Limited Liability Company
DOCUMENT NUMBER: L07000017296
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:
Sessica Marschke Name of Person
Name of Firm Company
8090 Excelsion Dr. Ste 200 Address
Madison, Will 53717 City State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (800), 981. 7183 Area Code Daytime Telephone Number
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 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	e limited liability company as it appears on the records of the Florida Department	
of State is:		
2. The Florida doc L0700001729	cument/registration number assigned to this limited liability company is:	
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:	
Megan Morr	He He	
(Print N	Name of Person Resigning) hereby withdraw/resign as a	
Manager	m i i i i i i i i i i i i i i i i i i i	í
	(Print Title)	
of this limited lia resignation in wr	ibility company and affirm the limited liability company has been notified of my	
My	Mount	
Signature of Di	issociating Member or Resigning Manager	
	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	