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		ě
(Re	equestor's Name)	
(Ac	ddress)	······································
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		:
Resign		
Ų.	Office Use Onl	y



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Reject March March

DIVISION OF C. P. T. A. 10 07 OCT 22 PN 3: 21

COVER LETTER

Division of Corporations	
SUBJECT: TMM 5 Lu (Name of Limited I	en next, in al LC Liability Company)
The enclosed member, managing member or mar filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
Al kisler (Contact Person)	
(Firm/Company)	
(Time Company)	
42 Oaktvu	<u>~</u>
Our Smyrna B (City/State/and Zip Code)	each, F1. 32/69
For further information concerning this matter, p	lease call:
(Name of Contact Person) at ((Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	e Florida Department of State for: \$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 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



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	limited liability compan	ny as it appears on the records of the Florida De	partment
of State is:			
-twegve	Sed Markedin	ing & Management Services I.	Listofine,
U 2 This limited liab	ility q ompany was orgar	-	7 2 0
	Ja	mized under the laws of.	
- 	<u> </u>	 •	
3. The Florida docu	ument/registration numb	per of this limited liability company is:	
h070	1000268	<u> </u>	
C ,			^. <i>(</i>
4. I,	K. 5124	, hereby resign as a Munum	, Monker
	ame of Person Resigning		7
resignation in wr		rm the limited liability company has been notifie	ed of my
	La Ken		
Signature Resi	igning Member Managi	ing Member or Manager	
	C XIII		<u> </u>
	-		OJ SE VIS
Filing Fee:	\$25.00 (Required)		8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
Certified Copy:	\$30.00 (Optional)		SECRETARY OT OCT 22
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•			R
			3. The second se
CD25070 (6/07)	,		2 3