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



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SECRETARY OF STATE
ALLAHASSEE, FLORINA

D. BRUCE

NOV 17 2008

EXAMINER

COVER LETTER

| Division of Corporations | |
|--|---|
| SUBJECT: TBC Designs, LLC (Name of Li | imited Liability Company) |
| The enclosed member, managing member filing. | or manager resignation and fee(s) are submitted for |
| Please return all correspondence concerning | ig this matter to: |
| Jeanne Koesters | |
| (Contact Person) | —————————————————————————————————————— |
| TBC Designs, LLC | O8 NO SECRE |
| (Firm/Company) | TA - |
| 1550 NW 114th Avenue | NOV 14 AM II: 49 CRETARY OF STATE AHASSEE, FLORIDA |
| (Address) | |
| Plantation, FL 33323 | 1DA 11E 149 |
| (City/State and Zip Code) | |
| For further information concerning this ma | itter, please call: |
| Jeanne Koesters | at (954) 298-4958 |
| (Name of Contact Person) | (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable \$25 Filing Fee | to the 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 32301 | 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

| opears on the records of the Florida Department |
|---|
| der the laws of: |
| s limited liability company is: |
| , hereby resign as a Managing Member |
| (Print Title) |
| nited liability company has been notified of my |
| Der or Manager |
| TILED I'M MHII: RY OF STATI SEE, FLORID |
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