## 156/0003/33/2

| (Re                     | (Requestor's Name) |           |  |  |  |  |
|-------------------------|--------------------|-----------|--|--|--|--|
|                         |                    |           |  |  |  |  |
| (Ac                     | ddress)            |           |  |  |  |  |
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|                         |                    |           |  |  |  |  |
| (Ac                     | (Address)          |           |  |  |  |  |
|                         |                    |           |  |  |  |  |
| . (Ci                   | ty/State/Zip/Phone | ∋ #)      |  |  |  |  |
|                         |                    |           |  |  |  |  |
| PICK-UP                 | ☐ WAIT             | MAIL      |  |  |  |  |
|                         |                    |           |  |  |  |  |
| (D <sub>1</sub>         | usiness Entity Nan | na)       |  |  |  |  |
| (60                     | isiness Entity Nan | ne, ·     |  |  |  |  |
|                         |                    |           |  |  |  |  |
| (Document Number)       |                    |           |  |  |  |  |
|                         |                    |           |  |  |  |  |
| Certified Copies        | Certificates       | of Status |  |  |  |  |
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| Special Instructions to | Filing Officer:    |           |  |  |  |  |
|                         |                    |           |  |  |  |  |
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EXAMINER



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SECRETARY OF STATE

## **COVER LETTER**

| TO:              | O: Registration Section Division of Corporations |                                     |   |  |  |
|------------------|--|-------------------------------------|---|--|--|
| // I / I / I / I |  | TIP MANAGEMENT,                     | LLC   |  |  |
| SUBJ             | ECT:   | (Name of Limited Liability Company) |   |  |  |
| The enfiling.    |  | d member, managing member           | or manager resignation and fee(s) are submitted for |  |  |
| Please           | return   | all correspondence concerni         | ng this matter to:                                  |  |  |
| BRA              | AD C   | ARTER                               |   |  |  |
|                  |  | (Contact Person)                    |   |  |  |
|                  |  | (Firm/Company)                      |   |  |  |
| 1175             | 55 M   | ARLA LN.                            |   |  |  |
|                  |  | (Address)                           |   |  |  |
| SEM              | INO  | LE, FL. 33772                       |   |  |  |
|                  |  | (City/State and Zip Code)           |   |  |  |
| For fu           | irther ii  | nformation concerning this m        | atter, please call:                                 |  |  |
| BRA              | D CA   | ARTER                               | at (727) 481-6842                                   |  |  |
|                  | (N   | ame of Contact Person)              | (Area Code & Daytime Telephone Number)              |  |  |
| Enclos           | sed ple  | ase find a check made payabl        | e to the Florida Department of State for:           |  |  |
|                  |  | \$25 Filing Fee                     | \$55 Filing Fee &                                   |  |  |
|                  |  |                                     | Certified Copy                                      |  |  |
| STRE             | EET/C  | OURIER ADDRESS:                     | MAILING ADDRESS:                                    |  |  |
| -                |  | Section                             | Registration Section                                |  |  |
|                  |  | Corporations                        | Division of Corporations                            |  |  |
|                  | n Builc  | _                                   | P.O. Box 6327                                       |  |  |
|                  |  | ive Center Circle                   | Tallahassee, Florida 32314                          |  |  |
| Tallah           | iassee.  | Florida 32301                       | •   |  |  |

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

|  | limited liability company as PMANAGEMENT, LI | s it appears on the records of<br>LC | the Florida Department  |  |
|--|--|--------------------------------------|-------------------------|--|
| 2. This limited link                               | ilita anna ann ann ann ann ann ann ann ann   | d under the laws of                  |                         |  |
| FLORIDA  | ility company was organized                  | under the laws of.                   |                         |  |
| 3. The Florida docu<br><u>L08000013</u>            | _  | f this limited liability compar      | ny is:                  |  |
| 4. l. Brad Carter (Print Name of Person Resigning) |  | , hereby resign as a MGR             |                         |  |
|  |  |                                      | (Print Title)           |  |
| of this limited liab<br>resignation in wri         |  | ne limited liability company l       | nas been notified of my |  |
| The S  |  |                                      |                         |  |
| Signature of Resi                                  | gling Member, Managing N                     | Member or Manager                    |                         |  |
|  |  |                                      |                         |  |
| Filing Fee:  | \$25.00 (Required)                           |                                      | S <b>60</b>             |  |
| Certified Copy:                                    | \$30.00 (Optional)                           |                                      | 09 SEP -                |  |