

L08000054251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

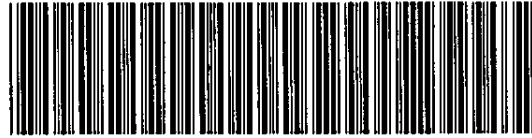
(Business Entity Name)

(Document Number)

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2014 JAN 10 14:37
STATE OF FLORIDA
TALLAHASSEE

14 JAN 14 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TUDO HOLDINGS LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Lilian Weeks
(Contact Person)

TUDO Holdings LLC
(Firm/Company)

756 Lake Shore Ter
(Address)

Interlachen, FL 32148
(City/State and Zip Code)

For further information concerning this matter, please call:

Lilian Weeks at (386) 530-4856
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee &
Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OR DISSOCIATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Tudo Holdings LLC

2. The Florida document/registration number of this limited liability company is:

2080000 54251

3. The date this member withdrew or will withdraw is: Dec. 31st 2013

4. I, David J. Weeks, hereby resign as a Manager Member
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]
Signature of Resigning or Dissociating Manager, Member

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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14 JAN 10 AM 11:37