L08000041 970

(Req	uestor's Name)			
(Add	ress)			
(Add	ress)			
(City	/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



200333131212

08/15/19--01001--010 *-0....

19 AUG 15 PM 2: 30

NYISION OF CORPORATIONS

redmens do cai A

AUG 2 2 2019

D CUSHING

COVER LETTER

Division of Corporations TEACMARE GROUP, LLC **SUBJECT:** (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: Jacob Pedraza (Contact Person) Teacmare Group, LLC (Firm/Company) 1020 Stella Vara Dr. (Address) Lutz Florida 33548 (City/State and Zip Code) For further information concerning this matter, please call: Jacob Pedraza 924-0419 (Name of Contact Person) (Area Code & Davtime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: \$55 Filing Fee & Certified Copy □ \$25 Filing Fee

STREET/COURIER ADDRESS:

Registration Section

TO:

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

CR2E079 (2/14)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 3171510H of \$000.



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)

	mited liability company as it MARE GROUP, LLC	appears on the records of the Florida De	partm	ent ·
2. The Florida docur	nent/registration number assig	gned to this limited liability company is:	:	
3. The date this men	nber/manager withdrew/resign	ned or will withdraw/resign is: 8/13/20	19	_
4. I. Tiffany D. Brandon, hereby withdraw/resign as a, hereby withdraw/resign as a,				
MGRM				
(F	Print Title)			
of this limited liabilities resignation in writ		limited liability company has been notifi	ed of	my
Signature of Dis	My Member or Resigning	ng Manager	19 AUG	SECRETA AL BROZEAR
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		5 PH 2: 30	RY OF STALE CORFORATION