L09000111479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 11 2013

T CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: T C Managed Properties LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

Carolyn McTaggart
(Contact Person)

T C Managed Properties LLC
(Firm/Company)

395 Country Circle Dr East
(Address)

Port Orange FL 32128
(City/State and Zip Code)

For further information concerning this matter, please call:

Carolyn McTaggart at (386) 233-1809
(Name of Contact Person) (Area Code & Daytime Telephone Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

CR2E079 (5/06)

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 company as it appears on the records of the Florida Department of State is: T C Managed Properties LLC.

2. This limited liability company was organized under the laws of:
the state of Florida.

3. The Florida document/registration number of this limited liability company is:
L09000111479.

4. I, Thomas I McTaggart, hereby resign as a managing 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 of Resigning Member, Managing Member or Manager

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

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TALLAHASSEE, FLORIDA

CR2E079 (5/06)

I, Thomas I McTaggart Thomas I McTaggart, do hereby agree to resign from ***T C Managed Properties, LLC*** as a managing member. This agreement was executed on September 6, 2013. I do so free and willingly. I do hereby release **T C Managed Properties, LLC** and the remaining member from any and all claims that may arise in the future.

Date 9/6/13

Thomas I McTaggart

Date 9/6/13

Witness

Before me the undersigned Notary Public in and said Stae and County, personally appear Thomas I McTaggart, who acknowledge that he executed the foregoing instrument of his free act and deed.

Notary Public

LISA F. RUSSELL
Notary Public, State of Florida
Commission# EE 74933
My comm. expires Mar. 16, 2015

My Commission Expires: 3/16/2015

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TALLAHASSEE, FLORIDA