LID 00000 4132

(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:					
· .					

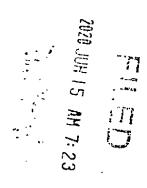
f

Office Use Only



200346365042

06/15/20--01049--019 *+55.09



JUL 09 2020 S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Total Business Solutions of NWFLILC

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

Please return all correspondence concerning this matter to:

Tonya Ellis
(Contact Person)

(Firm/Company)

3338 Marcus Dr
(Address)

Abroacola, FL 38503

For further information concerning this matter, please call:

Tonya Ellis at (850) 535-9541

(Name of Contact Person) (Area Code & Daytime Telephone Number)

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

\$\Bigsig \text{\$\text{\$\sigma}\$} \text{\$\text{\$\text{\$\sigma}\$} \text{\$\$\text{\$\texitt{\$\text{\$\text{\$\text{\$\text{\$\}}}\$}}\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\texitt{\$\text{\$\tex

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)



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)

1. The name of the l	imited liability company as it app	pears on the records of the Flo	rida Dep	artmen	t
of State is:	Hal Business Su	of NN	YFL,	ىد	,
2. The Florida docu	ment/registration number assigned	d to this limited liability comp	any is:		
F10000	004139				
3. The date this mer	nber/manager withdrew/resigned	or will withdraw/resign is: $oldsymbol{C}$	1-D3	1-20	790
4. 1, Tonyo (Print No.	me of Person Resigning)	hereby withdraw/resign as a			
$-\gamma \sqrt{\partial \omega}$	Primitile)				
of this limited liab resignation in writ	ility company and affirm the limi ing.	ted liability company has been	n notified	lofmy	
Signature of Dis	Sociating Member or Resigning N	Manager			
organiane propos	occurring to remove of reconglishing to	nunuşe.			
Filing Fee:	\$25.00 (Required)			202	
Certified Copy:	\$30.00 (Optional)			0 JUN 15	