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(Document Number)					
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EXAMINER



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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: T&B GROUP LLC Name of Limited Liability Company DOCUMENT NUMBER: L100000 16143
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
DANIEC THILAGAN
Name of Person
1330 OLD SPANISH TR. #3309
Name of Firm/Company
HOUSTON, TX 77054
Address
City/State and Zip Code
THILAGAN @ME-COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (832) 922-9297 Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



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 of State is: T&	limited liability company as B LLC.	it appears on the record	s of the Florida Department
2. This limited liab	FLORIDA	l under the laws of:	
3. The Florida doc	ument/registration number of 10000 1614	f this limited liability con	mpany is:
•	iame of Person Resigning) bility company and affirm th		Managing Member (Print Title) any has been notified of my
MB	igning Member, Managing M	lember or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		11 JAN -4 SLORE JAR) TALLAHASSE