

**L10000006439**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

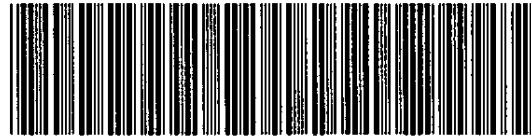
Special Instructions to Filing Officer:

**L. SELLERS**

AUG - 3 2010

**EXAMINER**

Office Use Only



**600183035076**

08/02/10--01037--023 \*\*55.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 AUG - 2 PM 3:43

**FILED**

29 June 2010

Mr. John McDaniel  
6516 Dolphin Cove Dr.  
Apollo Beach, FL 33572

Re: Resignation and Dissolution of Partnership

As of the above date, Kellie McDaniel, will no longer have equity or authority in the business known as TACON LLC. Any and all equity has been transferred to John McDaniel.

Accordingly, any assets of the former partnership are now vested in John McDaniel and TACON LLC.

I hereby agree to indemnify and hold harmless TACON LLC and John McDaniel for any claims that arise.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Kellie McDaniel', written in a cursive style.

Kellie McDaniel

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TACON 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:

John McDaniel  
(Contact Person)

TACON LLC  
(Firm/Company)

6516 Dolphin Cove Dr.  
(Address)

Apollo Beach, FL 33572  
(City/State and Zip Code)

For further information concerning this matter, please call:

John McDaniel at ( 813 ) 579-8151  
(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 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: TACON 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:  
L10000066439

4. I, Kellie McDaniel, hereby resign as a 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.

A handwritten signature in cursive script, appearing to read "Kellie McDaniel", is written over a horizontal line.

Signature of Resigning Member, Managing Member or Manager

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

**FILED**  
19 AUG -2 PM 3:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA