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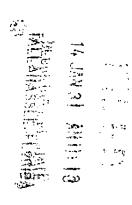
(Re	questor's Name)			
(Address)				
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(Cit	ty/State/Zip/Phone	e #)		
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1. Simons FEB 0 / 2013

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	TOTAL NUMBER SERVICES	S, LLC			
2020		ted Liability Co	mpany)		
The en	nclosed member, resignation or dissocia	ntion and fee(s) are submitted for filing.		
Please	e return all correspondence concerning t	his matter to:			
Mario	on C. Ortiz				
	(Contact Person)				
TOTA	AL NUMBER SERVICES, LLC				
	(Firm/Company)				
3743	Olde Lanark Dr.				
******	(Address)	•	_		
Land	O Lakes, FL 34638				
	(City/State and Zip Code)	•	_		
For further information concerning this matter, please call:					
Mario	on C. Ortiz	813 at (336-4403		
	(Name of Contact Person)		e & 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		
STRE	EET/COURIER ADDRESS:		MAILING ADDRESS:		
Regist	tration Section		Registration Section		
Divisi	ion of Corporations		Division of Corporations		
Clifto	n Building		P.O. Box 6327		
2661	Executive Center Circle		Tallahassee, Florida 32314		
Tallah	nassee, Florida 32301				

CR2E079 (12/13)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OR DISSOCIATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the of State is:	limited liability company as TAL NUMBER SERVICES,	it appears on the record, LLC	ds of the Florida Department
2. The Florida doci	ument/registration number of	this limited liability co	ompany is:
3. The date this me	ember withdrew or will withd	raw is:	
	OSON Jame of Person Resigning)		
(Print \)	lame of Person Resigning)	, nereby resign as	(Print Title)
of this limited lia resignation in wr	bility company and affirm the iting.	e limited liability comp	pany has been notified of my
E	M.		Ç.·
Signature of Re	esigning or Dissociating Mar	nager, Member	A STATE OF THE STA
_	\$25.00 (Required) \$30.00 (Optional)		