11100004762

(Requestor's Name)				
(Address)				
-				
(Address)				
,				
(City/State/Zip/Phone #)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(======, -===,				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special instructions to Filling Officer.				

Office Use Only



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COVER LETTER

_	stration Section sion of Corporations			
SUBJECT:	TIME GROUP VENTURES LL	-C		
SCHOLCI.	(Name of Limite	d Liability Co	nipany)	
The enclose	d member, resignation or dissociat	ion and fee(s) are submitted for filing.	
Please return	n all correspondence concerning th	is matter to:	:	
DANIEL DI	ELMAR			
	(Contact Person)		••••	
TIME GRO	OUP VENTURES LLC			
	(Firm/Company)		·	
774 NE 12	6TH STREET			
	(Address)		_	
NORTH M	IAMI FL 33161			
	(City/State and Zip Code)			
For further information concerning this matter, please call:				
DANIEL D	ELMAR	786 at (520 7101	
1)	Name of Contact Person)	(Area Cod	e & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee				
Registration Division of Clifton Buil	Corporations ding		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	
2661 Executive Center Circle		Tallahassee, Florida 32314		

Tallahassee, Florida 32301

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)

The name of the limited liability company as it ap of State is: TIME GROUP VENTURES LLC	
2. The Florida document/registration number assign L11000004762	ed to this limited liability company is:
2. The Florida document/registration number assign L11000004762 3. The date this member/manager withdrew/resigned 4. I, DANIEL C DELMAR (Print Name of Person Resigning) MGRM MGRM	d or will withdraw/resign is: 05/15/2017
MGRM (Print Title)	
of this limited liability company and affirm the lin resignation in writing.	nited liability company has been notified of my
Signature of Dissociating Member or Resigning	Manager
Filing Fee: \$25.00 (Required)	

Certified Copy: \$30.00 (Optional)