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(Re	equestor's Name)				
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EXAMINER

COVER LETTER

TO:		stration Section sion of Corporations	
	DIVIS	non of Corporations	
SUBJ	ECT:	TMT PROPERTIES	S VERMONT LLC nited Liability Company)
		(Name of Lin	med Liaothty Company)
The enfiling.		d member, managing member o	r manager resignation and fee(s) are submitted for
Please	e return	all correspondence concerning	this matter to:
MIC	CHAI	EL MASELLA	
*************		(Contact Person)	
TM ⁻	T PR	OPERTIES VERMO	ONT LLC
		(Firm/Company)	
191	EK	ANA CIRCLE	
		(Address)	
DA`	YTO	NA BEACH, 32124	
		(City/State and Zip Code)	
For fu	rther in	nformation concerning this mat	er, please call:
MIC	HAE	EL MASELLA	at (386) 682-7137
	(N	ame of Contact Person)	(Area Code & Daytime Telephone Number)
Enclo	sed nle	ase find a check made navable	to the Florida Department of State for:
D	, p.e	\$25 Filing Fee	\$55 Filing Fee &
		<u> </u>	Certified Copy
STRE	EET/C	OURIER ADDRESS:	MAILING ADDRESS:
Regist	tration	Section	Registration Section
Divisi	on of (Corporations	Division of Corporations
	n Build		P.O. Box 6327
		ive Center Circle Florida 32301	Tallahassee, Florida 32314

CR2E079 (5/06)



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: TN	limited liability company as IT PROPERTIES \	it appears on the records /ERMONT LLC	of the Florida Dep	partme	ent
2. This limited liab	ility company was organized	under the laws of:			
3. The Florida doct <u>L110000</u>	ument/registration number of 19066	this limited liability con	ipany is:		
of this limited lia	bility company and affirm the	, hereby resign as a			
resignation in wr	iting.				
Signature of Resi	gning Member, Managing M	ember or Manager	NIL EIR	12 APR 19	· AMALO
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		365E # S	9 PM 12:	