L11000061460





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10/14/14--01016--006 **25.00



(PRM) 10-22-14

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: TANMAR, LLC	. 11:125 0	
(Name of Lii	mited Liability Co	mpany)
The enclosed member, resignation or dissoc	ciation and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to:	
ANTHONY D MILLS		
(Contact Person)		_
		70 F
(Firm/Company)		TALLAHASSE STATE
1756 S SUNCOAST BLVD		1. Sold 1. Sol
(Address)		
HOMOSASSA FL 34448		100 B
(City/State and Zip Code)		
For further information concerning this mat	ter, please call:	
ANTHONY D MILLS	352	794-3836
(Name of Contact Person)	''' \	e & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee		Department of State for: g Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
Clifton Building 2661 Executive Center Circle		P.O. Box 6327 Tallahassee, Florida 32314
2001 Executive Center Circle		rananassee, monda 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)

1. The name of th	e limited liability company as	it appears on the records of the	Florida Department
of State is: TA	NMAR, LLC		<u> </u>
2. The Florida do	cument/registration number as	signed to this limited liability co	ompany is:
L110000614	30		
3. The date this m	ember/manager withdrew/resi	gned or will withdraw/resign is	OCT 9, 2014
ロハロへのブ	DODN		
(Print	Name of Person Resigning)	, hereby withdraw/resign a	
MANAGER A	AND MEMBER		
	(Print Title)		
resignation in w	riting.	e limited liability company has	been notified of my
Signature of D	Dissociating Member or Resign	ning Manager	Fig. B U
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		ORACE DE CONTROL DE CO