## 11000014297

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA



## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: TB'S Professional Selvices 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:
Contact Person)
5B'S Professional Seevices (Firm/Company)
2212 S. Chickasaw Trail #138 (Address)
City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (321 ) 438 - 1311 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee \$  Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 3230

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	limited liability company as i	t appears on the	records of the	Florida E	epart	ment
of State is:	B'S Profession	ral Serv	ices L	LC	<u></u>	<u></u> ,
	ility company was organized		rf:			
	ument/registration number of	this limited liabi	lity company is	<b>5:</b>		
4. I, <u>Sha (</u>	THA JENKINS ame of Person Resigning)	, hereby resi	gn as a MC	AMAC (Print THE	e/	<del></del>
of this limited lial resignation in wr	pility company and affirm the iting.	limited liability	company has b	een noti	fied o	f my
Signature F David	gning Member, Managing Me	amber or Monage	ar.			
Signature of Resi	gning weinoer, wanaging wi	officer of Manag	Ci	1		
	\$25.00 (Required) \$30.00 (Optional)			SECRETARY ALLAHASSE	11 OCT 10	FI