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D. SCOTT JAN11 2019

## **COVER LETTER**

Division of Corporations		
TALGOOD HOLDINGS, LLC		
(Name of Lim	ited Liability Co	mpany)
The enclosed member, resignation or dissoci-	ation and fee(	s) are submitted for filing.
Please return all correspondence concerning	this matter to	
ROBERT J. LONGCHAMPS		
(Contact Person)		_
LAW OFFICES OF ROBERT J LONGCH	HAMPS PLL	C 20
(Firm/Company)		
4440 PGA BLVD, SUITE 600		2019 JAN -2 P 11: 32 SECHETARY F FLORID TALLAHASSEE FLORID
(Address)		
PALM BEACH GARDENS, FL 33410		FLORE I
(City/State and Zip Code)		- 05 X
For further information concerning this matter	er, please call	
ROBERT J. LONGCHAMPS	561	623-5350
(Name of Contact Person)	- '	e & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee		Department of State for: g Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301		гананаями, гюнда 32314

CR2E079 (2/14)

\*TO: Registration Section



## 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)

	e limited liability company :	as it appears on the records of the Florida Department
2. The Florida doc		assigned to this limited liability company is:
1117 144 014	FLOREZ Name of Person Resigning)	esigned or will withdraw/resign is 300000000000000000000000000000000000
<u>-</u>	(Print Title) ability company and affirm	the limited liability company has been notified of my
loc M	issociating Member or Res	igning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	