## L/10000 95552

(Re	equestor's Name)			
(Address)				
(Address)				
(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	ocument Number)	)		
Certified Copies	Certificate:	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



800322508808

01/17/19--01014--021 \*\*25.00





#### COVER LETTER

то:	_	stration Section sion of Corporations				
SUBJ	ECT:	TALGOOD HOLDINGS, LL	.c			
		(Name of Limited Liability Company)				
The er	nclosec	l member, resignation or dissoc	ciation and fee(s	) are submitted for filing.		
Please	return	all correspondence concerning	g this matter to:			
ROBE	ERT J	. LONGCHAMPS				
	-	(Contact Person)		-		
LAW	OFFIC	CES OF ROBERT J. LONG	CHAMPS			
		(Firm/Company)		-		
4440	PGA	BOULEVARD SUITE 600				
		(Address)		-		
PALM	/ BEA	CH GARDENS FL 33410				
		(City/State and Zip Code)		-		
For fu	rther in	nformation concerning this mat	ter, please call:			
ROB	ERT J	. LONGCHAMPS	561	623-5350		
	(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)		
	sed ple 5 Filing	ase find a check made payable g Fee		epartment of State for: Fee & Certified Copy		
		OURIER ADDRESS:		MAILING ADDRESS:		
_		Section Corporations		Registration Section Division of Corporations		
	n Build	•		P.O. Box 6327		
2661 I	Execut	ive Center Circle Florida 32301		Tallahassee, Florida 32314		

CR2E079 (2/14)



# FILED 2019 JAN 17 AM 11: 42 SECRLIAR OF STATE TALLAHASSEE, FL

### 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 the	e limited liability company as	s it appears on the records of the Florida Department
of State is: TAL	GOOD HOLDINGS, LLC	·
2. The Florida doc	ument/registration number a	ssigned to this limited liability company is:
L1100009555	52	
3. The date this mo	ember/manager withdrew/res	signed or will withdraw/resign is:
4. I, ROSS D. GOODSON		. hereby withdraw/resign as a
(Print)	Name of Person Resigning)	, hereby withdraw/resign as a
AMBR		
	(Print Title)	
of this limited lia resignation in w		ne limited liability company has been notified of my
Signature of D	issociating Member or Resig	gning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	