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SCORETARY OF STATE
ALLAMASSEE FLORING

COVER LETTER

TO: Registration Section

Tallahassee, Florida 32301

CR2E079 (2/14)

Division of Corporations			
SUBJECT: TAM STABLES LLC			
(Name of Limited Liability Cor	mpany)		
The enclosed member, resignation or dissociation and fee(s	s) are submitted for filing.		
Please return all correspondence concerning this matter to:			
MITCHELL KATZ CPA			
(Contact Person)	-		
FREUND KATZ GOLDSTON YOUNG CO PA		SECI SECI	
(Firm/Company)	_	AFF A	•
210 N UNIVERSITY DR STE 302		OCT 23 PN 6: 32 AHASSEE, FLORID	
(Address)		ETC 15:25 × €	
CORAL SPRINGS FL 33071		32 A IE ARIDA	
(City/State and Zip Code)	-		
For further information concerning this matter, please call:			
MITCHELL KATZ 954	345-8666		
	& Daytime Telephone Numb	er)	
Enclosed please find a check made payable to the Florida D \$25 Filing Fee \$55 Filing	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	1	



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)

TAM STABLES LLC 2. The Florida document/registration number assigned to this limited liability company is: L11000109996 3. The date this member/manager withdrew/resigned or will withdraw/resign is: ROSEMARY MENCIA	Department
L11000109996 3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8/31/2018	·
DOSEMADY MENCIA	s:
ROSEMARY MENCIA)18
4. I, hereby withdraw/resign as a	
4. I, (Print Name of Person Resigning), hereby withdraw/resign as a	
MGRM	
(Print Title)	
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.	BOOK OF S
Signature of Dissociating Member or Resigning Manager Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	ED PH 6: 32 FSTATE