

L11000135226

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(Address)

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TLJB VENDING, 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:

Joan Michaud-Smith
(Contact Person)

TLJB VENDING, LLC.
(Firm/Company)

1497 Main Street STE 168
(Address)

Dunedin, Fl. 34698
(City/State and Zip Code)

For further information concerning this matter, please call:

Joan Michaud-Smith at (813) 412-0133
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee

\$55 Filing Fee &
Certified Copy

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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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 it appears on the records of the Florida Department of State is: TLJB VENDING, LLC

2. This limited liability company was organized under the laws of: Florida

3. The Florida document/registration number of this limited liability company is: L11000135226

4. I, Salvatore F. Forgione, hereby resign as a MGRM
(Print Name of Person Resigning) *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Salvatore F. Forgione
Signature of Resigning Member, Managing Member or Manager

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12 MAR 31 PM 3:31

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)