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T. CLINE

APR 2 0 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Thennus Capital (Name of Limited L	iability Company)
The enclosed member, managing member or man filing.	ager resignation and fcc(s) are submitted for
Please return all correspondence concerning this i	natter to:
DAVID Mc Collin	
(Contact Person)	· · ·
(Firm/Company)	
2650 W DAY GR DE SE (Address) ST Parenspara FL 33705	ASE SE
(Address)	CR AE
0	IAS I
ST KETELSBAG PL 33705	
(City/State and Zip Code)	
For further information concerning this matter, ple	ease call:
\bigcirc . \bigcirc .	Sm 💤
VAVID Me Collem at (717) 320 - 56 95 Area Code & Daytime Telephone Number)
(Name of Contact Person) (A	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:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE **DIVISION OF CORPORATIONS**

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as it		of the Florida Department	
of State is:	Truns CAPITAL,	Clc		
	, .			
2. This limited liab	ility company was organized u	inder the laws of:		
- Flore	DA	•		
3. The Florida docu	ument/registration number of the	his limited liability com	pany is:	
L12000	0027958	·		
1-1	, 0.			
4. 1, HOVE	ame of Person Resigning)	, hereby resign as a _	MM 6R (Print Title)	
•	oility company and affirm the	limited liability compan	, man	
resignation in wri	· · · · · · · · · · · · · · · · · · ·	miniod habiniy compan	27	
			AFA HA	anet gary
			80 X 19	-
Signature of Resi	gning Member, Managing Me	mber or Manager	7F. 3	m
			ORM	
Filing Fce:	\$25.00 (Required)		DM 4	
Certified Copy:	\$30.00 (Optional)			