

L120000

28134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

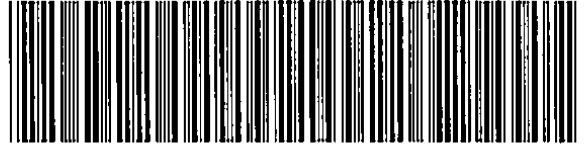
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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D SCOTT

JUN - 4 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: T. P. S. CONNECTION LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

KEITH MARTIN  
(Contact Person)

KAM PROFESSIONAL SERVICES CORP  
(Firm/Company)

6240 WEST OAKLAND PARK BLVD #193  
(Address)

LAUDERHILL FL 33319  
(City/State and Zip Code)

For further information concerning this matter, please call:

KEITH MARTIN at (954) 865-5290  
(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



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 limited liability company as it appears on the records of the Florida Department of State is: T.P.S. CONNECTION LLC

2. The Florida document/registration number assigned to this limited liability company is:  
C 12000028134

3. The date this member/manager withdrew/resigned or will withdraw/resign is: MAY 10<sup>th</sup> 2019

4. I, MARLON SMITH, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MGRM  
(Print Title)

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

\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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