112000019517

(Req	uestor's Name)	
(Add	lress)	
(Add	lress)	
(City	/State/Zip/Phon	e #)
. PICK-UP	WAIT	MAIL
(Bus	iness Entity Na	me)
(Doc	cument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to F	Filing Officer:	
<u> </u>		

Office Use Only



600284870276

04/26/16--01030--004 **55.00

55 APR 26 AM ID 27

COVER LETTER

. :

Division of Corporations	
SUBJECT: TUCKER TOWERS, LLC	
(Name of Limited Liability Cor	npany)
The enclosed member, resignation or dissociation and fee(s	s) are submitted for filing.
Please return all correspondence concerning this matter to:	
JOHN D. O'NEILL, ESQ.	
(Contact Person)	_
JOHN D. O'NEILL, P.A.	_
(Firm/Company)	= \frac{\frac{1}{2}\cdot \frac{1}{2}}{2} \frac{1}{2}
44 Cocoanut Row, Ste. M209	
(Address)	26
Palm Beach, Florida 33480	
(City/State and Zip Code)	
For further information concerning this matter, please call:	28
John D. O'Neill 561	366-1212
(Name of Contact Person) (Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida □ \$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 Tallahassee, Florida 32301

CR2E079 (2/14)

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	s it appears on the records of the Florida D	epartment	
of State is:	ker Towers, LLC			
2. The Florida doc L1200007551	_	ssigned to this limited liability company is	ii.	
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign is: 4/22	2/16	
4. I, Joan Tucker		, hereby withdraw/resign as a		
(Print N	ame of Person Resigning)			
Managing Me	ember			
	(Print Title)			
of this limited lia resignation in wr		ne limited liability company has been notif	ied of my	
Rec	146		SECONO T	1
Signature of D	ssociating Member or Resig	ning Manager	R 26	-
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			フ
		į		