## 11200 146545

	[]
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	    MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of	Status
Special Instructions to Filing Officer:	
	[[]

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## **COVER LETTER**

TO: Registration Section Division of Corpo			
SUBJECT: TAL PART	NERS LLC		
	(Name of Limit	ed Liability Cor	mpany)
The enclosed member, re	signation or dissocia	tion and fee(	s) are submitted for filing.
Please return all correspo	ndence concerning th	nis matter to:	
Lotty Baum			
(Cc	ntact Person)		_
Registered Agent			
(Fi	m/Company)		_
20815 NE 16th Ave, B	32		
(	Address		_
Miami, Florida, 33179			
(City/S	tate and Zip Code)		_
For further information c	oncerning this matter	, please call:	
Salomon Levy		305	9516724
(Name of Conta			& Daytime Telephone Number)
Enclosed please find a ch  ☐ \$25 Filing Fee	eck made payable to		Department of State for: g Fee & Certified Copy
STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, Florida 3230	ircle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
CR2E079 (2/14)			



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FÖREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	[ 
1. The name of the limited liabi	ity company as it appears on the records of the Florida Department
of State is:	ity company as it appears on the records of the Florida Department  LLC  ation number assigned to this limited liability company is:  SEP  When withdrew/resigned or will withdraw/resign is:  Nereby withdraw/resign as a  Resigning)
2. The Florida document/registr	 ation number assigned to this limited liability company is: 🖆 🗼 🛁
L12000146545	7 SEP
3. The date this member/manage	withdrew/resigned or will withdraw/resign is:
Moises Hirshbein	harshy withdraw/racion as a
(Print Name of Person .	Resigning)
MGR	
(Print Title)	<del></del> -
of this limited liability compar resignation in writing.	y and affirm the limited liability company has been notified of my
HSUSU!	lu
Signature of Dissociating M	ember or Resigning Manager
/	`
Filing Fee: \$25.00 (R	kt "
Certified Copy: \$30,00 (C	ptional)