1300008498

(Requestor's Name)				
(Address)				
(Ac	ddress)			
(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate:	s of Status		
Special Instructions to Filing Officer:				





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18 SEP 12 AH 9: 57
SEGRET/STEEF FLORIDATE

SEP 1 4 2018

COVER LETTER

	stration Section sion of Corporations				
SUBJECT:	TACHHT HOLDINGS, LLC				
		(Name of Limited Liability Company)			
The enclose	d member, resignation or dissocia	tion and fee(s) are submitted for filing.		
Please retur	n all correspondence concerning th	nis matter to:			
COLBY FO	ΟX				
	(Contact Person)		-		
TACHHT I	HOLDINGS, LLC				
	(Firm/Company)		_		
1701 N 14	TH STREET SUITE B		_		
	(Address)				
TAMPA, F	L 33605		_		
	(City/State and Zip Code)		_		
For further	information concerning this matter	r, please call:			
COLBY FO	ОХ	813	699-4250		
()	Name of Contact Person)	(Area Code	& Daytime Telephone Number)		
Enclosed pl	ease find a check made payable to ig Fee	the Florida I \$55 Filing	Department of State for: g Fee & Certified Copy		
	COURIER ADDRESS:		MAILING ADDRESS: Registration Section		
Registration Section Division of Corporations		Division of Corporations			
Clifton Bui	•		P.O. Box 6327		
	itive Center Circle , Florida 32301		Tallahassee, Florida 32314		

CR2E079 (2/14)





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)

	limited liability company as	it appears on the records of the Florida Department
2. The Florida doct L1300000849	-	ssigned to this limited liability company is:
2. The data this me	mber/manager withdrew/res	signed or will withdraw/resign is:
5545514.0	140 414	, hereby withdraw/resign as a
	THORIZED REP	
	(Print Title)	
resignation in wr	iting	ne limited liability company has been notified of my
Signature of D	issociating Member or Resig	gning Manager
Ç	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	