

LI3000017477

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

OCT 13 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TJAC BOCA, 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:

Bruce E. Loren, Esq./Christina L. Lucht, FRP

(Contact Person)

Loren & Kean Law

(Firm/Company)

7111 Fairway Drive, Suite 302

(Address)

Palm Beach Gardens, FL 33418

(City/State and Zip Code)

For further information concerning this matter, please call:

Bruce E. Loren, Esq./Christina L. Lucht, FRP 561 615-5701

(Name of Contact Person)

at () (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: TJAC Boca, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L13000017477

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/28/2015

4. I, TJAC Waterloo, LLC, hereby withdraw/resign as a
(Print Name of Person Resigning)

Authorized Member/Member (AMBR)
(Print Title)

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

[Signature], as Manager of TJAC Waterloo, LLC
Signature of Dissociating Member or Resigning Manager

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

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STATE DEPT OF STATE
TALLAHASSEE FLORIDA