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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	· · · · · · · · · · · · · · · · · · ·





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TALLAHASSEE, FLORIDA

FILED

COVER LETTER

Division of Corporations
SUBJECT: TPS Construction 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:
Thanas Starrett (Contact Person)
TPS Construction LLC (Firm/Company)
5201 Tavel Street (Address)
Orlando FL 32821 (City/State and Zip Code)
For further information concerning this matter, please call:
Thomas Stavett at (407) 9029935 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sigma\$ \$25 Filing Fee \$\square\$ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301

TO: Régistration Section



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)

	mited liability company as it appears on the records of the Florida Department PS Construction LLC.
2. The Florida docum	nent/registration number assigned to this limited liability company is:
4. I, Landit	ber/manager withdrew/resigned or will withdraw/resign is: 4/10/2018 Stavet, hereby withdraw/resign as a pe of Person Resigning)
,	ity company and affirm the limited liability company has been addified of my
Raudi	B Stavett ociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)