213000035463

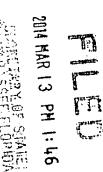
(Re	equestor's Name)				
(Address)					
(Ac	ddress)				
(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
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MAR 14 2014

D. B. T. SE

COVER LETTER

Divis	ion of Corporations			
SUBJECT:	Tablecloth Shirt World, LLC	;	•	
50201011	(Name of Limited Liability Company)			
The enclosed	member, resignation or dissoc	iation and fee(s	s) are submitted for filing	; .
Please return	all correspondence concerning	this matter to:		
Jarrett Lind	on			
	(Contact Person)		_	
Tablecloth S	Shirt World, LLC			
	(Firm/Company)		_	
4560 Great	Oak Drive			
	(Address)			
North Charl	eston, SC 29418			
	(City/State and Zip Code)	·	_	
For further in	formation concerning this mat	ter, please call:		2014 K
Brooke Har	nckel	843 at (340-6416	MAR 13
(Na	ame of Contact Person)	(Area Code	& Daytime Telephone Nu	imber)
Enclosed plea □ \$25 Filing	ase find a check made payable Fee		Department of State for: g Fee & Certified Copy	ESWALE NO.

STREET/COURIER ADDRESS:

Registration Section

TO:

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

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)

The name of the limited liability company as it a of State is: Tablecloth Shirt World, LLC	ppears on the records of the Florida I	Department .
2. The Florida document/registration number assign L13000025463	ned to this limited liability company i	is:
3. The date this member/manager withdrew/resigned	ed or will withdraw/resign is: 3/7/20	14
4. I, Morgan C. Codell	_, hereby withdraw/resign as a	2
(Print Name of Person Resigning)	Ä	
Member		T R
(Print Title)	స్త కు జా	w w
of this limited liability company and affirm the linguistic resignation in writing.	ORIDA DA	fied of my
Signature of Dissociating Member of Resigning	g Manager	

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)