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COVER LETTER

Division of Corporations	
SUBJECT: TSON BROTHERS PO	
The enclosed member, resignation or dissociation and	fee(s) are submitted for filing.
Please return all correspondence concerning this matter	er to:
Benny Ison (Contact Person)	
ISON Besthers Pouls (Firm/Company)	
3741 3150 AUE SW (Address)	
City/State and Zip Code) For further information concerning this matter, please	call.
(Name of Contact Person) at (23	SS-) ZSS-9872 Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flor	, , ,
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	rananassee, Fiorida 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 comp			records of the Flor	rida Depa	rtment	
	ument/registration nun			ited liability comp	any is:	······································	
L/30000	833 92	·				; 응 -	· · · ·
3. The date this me	ember/manager withdre	ew/resigned	or will with	draw/resign is: 🖊	o <u>\$</u> √-	الم ارية المارية الم	TENNY TENNY
4. I, Clifton (Print N Presiden	Sat Tsov Jame of Person Resigning)	`	hereby with	draw/resign as a	E. FLORIDA	AM 9. 13	
	bility company and afl	firm the limit	ed liability	company has beer	notified	of my	
	Score / Lissociating Member or	Resigning M		_			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)						