## 13000124492

(Requestor's Name)  (Address)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Cartificat Canics Cartificates of Status				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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#### **COVER LETTER**

Division of Corporation	ons		
GC INVESTMENT SUBJECT:	TS FLORIDA LLC		
	(Name of Limite	d Liability C	Company)
The enclosed member, resign	ation or dissociat	ion and fee	e(s) are submitted for filing.
Please return all corresponder	nce concerning th	is matter to	o:
Lucy P. Ortiz			
(Contact	Person1		
Lusky & Rodriguez, P.A.			
(Firm Co	impany)		
770 Ponce de Leon Blvd. #306			
(Addre	288)		
Coral Gables, FL 33134			
(City State a)	nd Zip Code)		
For further information conce	erning this matter	. please cal	1:
Lucy P. Ortiz	,	305 at (	442-1245
(Name of Contact Pe			de & Daytime Telephone Number)
Enclosed please find a check	made payable to	the Florida	Department of State for:
■ S25 Filing Fee	l	□ \$55 Fili	ng Fee & Certified Copy
Mailing Address:			Street Address:
Registration Section			Registration Section
Division of Corporation	ons		Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	1		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
rananassee, fl 32314	ī		Tallahassee, FL 32303

TO: Registration Section



# FILED 2022 HAR -4 AM 7: 30 SECILLARY OF STATE TALL PRISEE, 11

### 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)

	e limited liability company	as it appears on the records of the Florida Department
2. The Florida doc 1.13000124492	ument/registration number	assigned to this limited liability company is:
		esigned or will withdraw/resign is: 2/11/2022
4. I. Julian A. Gomez	Name of Person Resigning)	, hereby withdraw/resign as a
Managing Memb		
<del></del>	(Print Title)	
of this limited lia resignation in wr		the limited liability company has been notified of my
Lulin	60.2	
Signature of D	issociating Member or Res	igning Manager
Filing Fee:	\$25.00 (Required)	
ceranea copy.	\$30.00 (Optional)	