#13000129314

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(City/State/Zip/Phone #)	
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SECRETARY OF STATE

K.CALI EXAMINER MAR 2 0 2014

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TMFL Holdings, LLC	
(Name of Lim	ited Liability Company)
The enclosed member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
Ravi Patel	
(Contact Person)	
(Firm/Company)	
7925 Camden Woods Dr	
(Address)	
Tampa. Florida 33619	
(City/State and Zip Code)	
For further information concerning this matter	er, please call:
Ravi Patel	813 508-7284
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	o the Florida Department of State for: \$\Bigsim \\$55 \text{ Filing Fee & Certified Copy}\$
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee Florida 32301	

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 company as it appears on the records of the Florida Department L Holdings, LLC
2. The Florida docu L13000129314	ament/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
4. I, Ravi Patel	, hereby withdraw/resign as a ame of Person Resigning)
Manager	
	(Print Title)
of this limited lial resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of Di	Ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)