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(Requestor's Name)					
(Áddress)					
(Address)					
(City/State/Zip/Phone #)					
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(Business Entity Name)					
(Document Number)					
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COVER LETTER

TO:		stration Section sion of Corporations				
SUBJEC	ECT:	CT: TOMRA CONSTRUCTION LLC (Name of Limited Liability Company)				
., .						
The en	closec	I member, resignation or dissocia	ition and fee(s) are submitted for filing.		
Please	returr	all correspondence concerning t	his matter to:			
NOEL	BRC	NWO		_		
		(Contact Person)	•			
NTB S	SERV	ICES LLC				
		(Firm/Company)		_		
1656	GER/	ANIUM AVE		_		
		(Address)				
NORT	TH PO	ORT,FL 34288				
		(City/State and Zip Code)	<u> </u>	_		
For further information concerning this matter, please call:						
NOEL	_BRC	NWC	941 at (275-7785		
	(1)	Name of Contact Person)	(Area Code	& Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for: \$\Bigs \text{\$\text{\$\text{25}}\$ Filing Fee & Certified Copy}}\$						
Regist Divisi Cliftor 2661 I	tration ion of n Buil Execu	tive Center Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
		, Florida 32301		Tananassee, 1 jonga 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 of State is: TOMRA CONSTRUCTION LLC	appears on the records of the Florida Department
2. The Florida document/registration number assi	gned to this limited liability company is:
3. The date this member manager withdrew/resig	ned or will withdraw/resign is: 08/18/2017
4. 1. (Print Name of Person Resigning)	, hereby withdraw/resign as a
MGRM CPrint Title	
of this limited liability company and affirm the resignation in writing.	limited liability company has been notified of my
In Quely Ja.	
Signature of Dissociating Member or Resigni	ing Manager