

L13000160822

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Tease T's LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Colette Wilhelm

(Contact Person)

Tease T's LLC

(Firm/Company)

3100 Del Prado Blvd S Unit 309

(Address)

Cape Coral, FL 33904

(City/State and Zip Code)

For further information concerning this matter, please call:

**Colette Wilhelm** at (239) 540-2521  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee       \$55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**

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**



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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: **Tease T'sLLC**

2. The Florida document/registration number assigned to this limited liability company is:  
L13000160822

3. The date this member/manager withdrew/resigned or will withdraw/resign is: **February 26, 2016**

4. I, Jason Ancel, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

**Signature of Dissociating Member or Resigning Manager**

**Filing Fee:** \$25.00 (Required)  
**Certified Copy:** \$30.00 (Optional)

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SECRETARY OF STATE  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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