14000113518

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

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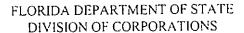
| K. SALY | OCT 27 22

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:	
(Name of Limit	ted Liability Company)
The enclosed member, resignation or dissocia	tion and fee(s) are submitted for filing.
Please return all correspondence concerning the	his matter to:
Martha Sheldon	
(Contact Person)	
TD&K Realty, LLC	
(Firm/Company)	
3134 Coral Way	
(Address)	
Miami, FL 33145	
(City/State and Zip Code)	
For further information concerning this matte	er, please call:
Martha Sheldon	786 436-1717
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: S55 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

CR2E079 (2/14)







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 Depart	 ment
of State is:	
2. The Florida document/registration number assigned to this limited liability company is: L14000113518	
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/01/2017	:
4. I, Robert Sheldon , hereby withdraw/resign as a (Print Name of Person Resigning)	
Manager	
(Print Title) of this limited liability company and affirm the limited liability company has been notified or resignation in writing.	of my
Signature of Dissociating Member or Resigning Manager	
Filing Fee: \$25.00 (Required)	

Certified Copy:

\$30.00 (Optional)