

L14000116844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

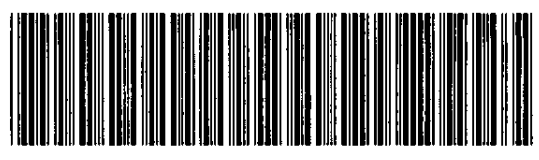
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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01/23/15--01032--007 \*\*50.00

2015 JAN 23 PM 12: 58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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@ 1.27.15

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** T & A FLORIDA HOLDINGS, 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:

FRANK CASTORO  
(Contact Person)

FRANCIS X. CASTORO, PA  
(Firm/Company)

5300 N FEDERAL HIGHWAY  
(Address)

FORT LAUDERDALE, FL 33308  
(City/State and Zip Code)

For further information concerning this matter, please call:

FRANK CASTORO, ESQ at ( 954 ) 922-0505  
(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



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2015 JAN 23 PM 12:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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)

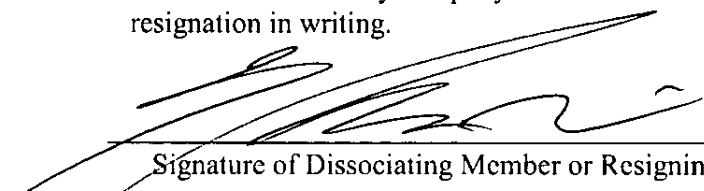
1. The name of the limited liability company as it appears on the records of the Florida Department  
of State is: T & A FLORIDA HOLDINGS, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L14000116844

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01-16-15

4. I, THOMAS REICH, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Managing Member  
*(Print Title)*

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)