# L14000153973

(R	equestor's Name)	
V		
(A	ddress)	
	,	
(A	ddress)	
(C	ity/State/Zip/Phone #	<del>‡</del> )
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name	e)
	ocument Number)	
(D	ocument Number)	
Certified Copies	Certificates of	of Status
,	_	
Special Instructions to	Filina Officer:	





000268120240

01/15/15--01017--007 \*\*25.00



(PRM) 1-16-15

#### **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: TX1 mg Flortda 12C
(Name of Limited Liability Company)

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

Please return all correspondence concerning this ma	atter to:
Fabian Gonza	Jez A
(Contact Person)	1/
915 NW 2 Ave	
Hallandole, Fl,	33009
(Address)	

(City/State and Zip Code)

For further information concerning this matter, please call:

Fabran Gonzalez at (954) 2490508
(Name of Contact Person) (Area Code & Daytime Telephone Number)

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

\$\square\$ \$\s

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

CR2E079 (2/14)

#### MAILING ADDRESS:

TALLAHASSEE FLORIDA

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



FILED

15 JAN 15 PM 7:07

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 lim	ited liability company as it appears on the records of the Florida Department
of State is:	tring florida, LLC
2. The Florida docume	ent/registration number assigned to this limited liability company is:
	0153973
3. The date this memb	er/manager withdrew/resigned or will withdraw/resign is: $\frac{1/12/2015}{1}$
4.1, 600 nza/e	z tabian A., hereby withdraw/resign as a
Seco	of Person Resigning)  The state of the state
of this limited liabili resignation in writing	ty company and affirm the limited liability company has been notified of my g.
falore	an Couply
signature of Disso	ciating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)