h14000 156994

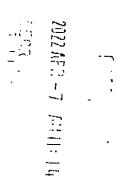
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



000385219100

6:07/22-01014--0.0 **50.00



COVER LETTER

CR2E079 (2/14)

TYCHE LM, L.L.C. (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: JOSE MAURICIO BELLO, P.A. (Contact Person) LAW OFFICE OF JOSE MAURICIO BELLO (Firm/Company) 1290 WESTON ROAD, SUITE 220 (Address) WESTON, FLORIDA, 33326 (City/State and Zip Code) For further information concerning this matter, please call: MARYLIL MATOS (Name of Contact Person) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: \$\frac{1}{2}\$\$ \$55 Filing Fee MAILING ADDRESS: Registration Section MAILING ADDRESS: Registration Section	TO: Registration Section		*				
The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: JOSE MAURICIO BELLO, P.A. (Contact Person) LAW OFFICE OF JOSE MAURICIO BELLO (Firm/Company) 1290 WESTON ROAD, SUITE 220 (Address) WESTON, FLORIDA, 33326 (City/Nate and Zip Code) For further information concerning this matter, please call: MARYLIL MATOS (Name of Contact Person) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: \$\frac{1}{2}\$ \$25 Filing Fee WAILING ADDRESS: Registration Section MAILING ADDRESS: Registration Section	Division of Corporations						
The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: JOSE MAURICIO BELLO, P.A. (Contact Person) LAW OFFICE OF JOSE MAURICIO BELLO (Firm/Company) 1290 WESTON ROAD, SUITE 220 (Address) WESTON, FLORIDA, 33326 (City/State and Zip Code) For further information concerning this matter, please call: MARYLIL MATOS (Name of Contact Person) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: \$\frac{1}{2}\$\$ \$55 Filing Fee TREET/COURIER ADDRESS: Registration Section MAILING ADDRESS: Registration Section	SUBJECT:	ited Liability Co	тралу)				
Please return all correspondence concerning this matter to: JOSE MAURICIO BELLO, P.A. (Contact Person) LAW OFFICE OF JOSE MAURICIO BELLO (Firm/Company) 1290 WESTON ROAD, SUITE 220 (Address) WESTON, FLORIDA, 33326 (City/State and Zip Code) For further information concerning this matter, please call: MARYLIL MATOS (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: \$\frac{1}{2}\$\$ \$25 Filing Fee \$\frac{1}{2}\$\$\$ \$55 Filing Fee \$\frac{1}{2}\$							
JOSE MAURICIO BELLO, P.A. (Contact Person) LAW OFFICE OF JOSE MAURICIO BELLO (Firm/Company) 1290 WESTON ROAD, SUITE 220 (Address) WESTON, FLORIDA, 33326 (City/State and Zip Code) For further information concerning this matter, please call: MARYLIL MATOS (Name of Contact Person) 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 MAILING ADDRESS: Registration Section	The enclosed member, resignation or dissoci	ation and fee(s) are submitted for filing.				
(Contact Person) LAW OFFICE OF JOSE MAURICIO BELLO (Firm/Company) 1290 WESTON ROAD, SUITE 220 (Address) WESTON, FLORIDA, 33326 (City/State and Zip Code) For further information concerning this matter, please call: MARYLIL MATOS at (Please return all correspondence concerning	this matter to	:				
LAW OFFICE OF JOSE MAURICIO BELLO (Firm/Company) 1290 WESTON ROAD, SUITE 220 (Address) WESTON, FLORIDA, 33326 (City/State and Zip Code) For further information concerning this matter, please call: MARYLIL MATOS (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 \$314-7915 (Area Code & Certified Copy STREET/COURIER ADDRESS: Registration Section MAILING ADDRESS: Registration Section	JOSE MAURICIO BELLO, P.A.						
(Firm/Company) 1290 WESTON ROAD, SUITE 220 (Address) WESTON, FLORIDA, 33326 (City/State and Zip Code) For further information concerning this matter, please call: MARYLIL MATOS (Name of Contact Person) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: \$525 Filing Fee STREET/COURIER ADDRESS: Registration Section MAILING ADDRESS: Registration Section	(Contact Person)		- 				
1290 WESTON ROAD, SUITE 220 (Address) WESTON, FLORIDA, 33326 (City/State and Zip Code) For further information concerning this matter, please call: MARYLIL MATOS (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee S25 Filing Fee MAILING ADDRESS: Registration Section MAILING ADDRESS:	LAW OFFICE OF JOSE MAURICIO BEI	LLO					
WESTON, FLORIDA, 33326 (City/State and Zip Code) For further information concerning this matter, please call: MARYLIL MATOS (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee S25 Filing Fee Certified Copy STREET/COURIER ADDRESS: Registration Section MAILING ADDRESS: Registration Section	(Firm/Company)		- -				
WESTON, FLORIDA, 33326 (City/State and Zip Code) For further information concerning this matter, please call: MARYLIL MATOS (Name of Contact Person) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee STREET/COURIER ADDRESS: Registration Section MAILING ADDRESS: Registration Section	1290 WESTON ROAD, SUITE 220						
For further information concerning this matter, please call: MARYLIL MATOS (Name of Contact Person) (Name of Contact Person) 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 MAILING ADDRESS: Registration Section	(Address)		_				
For further information concerning this matter, please call: MARYLIL MATOS (Name of Contact Person) 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 MAILING ADDRESS: Registration Section	WESTON, FLORIDA, 33326						
MARYLIL MATOS (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: \$\sum_{\text{S25 Filing Fee}}\$\$ \$\sum_{\text{S55 Filing Fee}}\$\$ \$\sum_{\text{S55 Filing Fee}}\$\$ \$\sum_{\text{S55 Filing Fee}}\$\$ \$\sum_{\text{MAILING ADDRESS:}}\$\$ Registration Section	(City/State and Zip Code)		_				
(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 Registration Section	For further information concerning this matter, please call:						
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\sum \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: Registration Section \$Registration Section	MARYLIL MATOS		314-7915				
■ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: Registration Section Registration Section	(Name of Contact Person)	(Area Cod	e & Daytime Telephone Number)				
Registration Section Registration Section		to the Florida 355 Filir	Department of State for: ng Fee & Certified Copy				
	STREET/COURIER ADDRESS:		-				
13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
	Division of Corporations		Division of Corporations				
Cinton Dancing	~		- · · · · · · · · · · · · · · · · · · ·				
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301			rananassee, monda 52514				



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)

	limited liability company a HE LM, L.L.C.	is it appears on the record	ls of the Florida Department
2. The Florida doc	ument/registration number a	assigned to this limited lia	ability company is:
4. I. Maria E. Tiso (Print N	ember/manager withdrew/recornia Tame of Person Resigning) (Print Title)	signed or will withdraw/r	resign is: 03/14/2022 Tresign as a
of this limited lia resignation in wr	bility company and affirm t	<u> </u>	any has been notified of my
	\$25.00 (Required) \$30.00 (Optional)		