

L14000189075

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

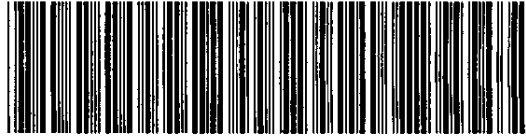
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/10/15--01028--023 **55.00

FILED
15 MAR 10 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Rm
3-11-15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 26, 2015.

THOMAS H. SMITH
THS SOLUTIONS UNLIMITED, LLC
16105 DIAMOND BAY DRIVE
WIMAUMA, FL 33598

SUBJECT: THS SOLUTIONS UNLIMITED, LLC
Ref. Number: L14000189075

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SEAL OF THE STATE
TALLAHASSEE, FLORIDA

We have received your document . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$25.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The total amount due is \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 615A00004071

RECEIVED
15 MAR 10 AM 6:44
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

L14000189075

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THS SOLUTIONS UNLIMITED, 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:

THOMAS H. SMITH

(Contact Person)

THS SOLUTIONS UNLIMITED, LLC

(Firm/Company)

16105 DIAMOND BAY DRIVE

(Address)

WIMAUMA, FLORIDA 33598

(City/State and Zip Code)

For further information concerning this matter, please call:

THOMAS H. SMITH

(Name of Contact Person)

at 813 500-2002

(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
266 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

CR20079 (2/14)

15 FEB 25

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15 MAR 10 PM 12:19
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)

FILED
15 MAR 10 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: THS SOLUTIONS UNLIMITED, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L14000189075

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 20 FEB 2015

4. I, MARGARET T. SMITH, hereby withdraw/resign as a
(Print Name of Person Resigning)

ASST MGR

(Print Title)

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

Margaret T. Smith

Signature of Dissociating Member or Resigning Manager

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