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(Re	questor's Name)				
(Ad	dress)				
(Ad	ldress)				
(Cit	y/State/Zip/Phone #	r)			
PICK-UP	☐ WAIT	MAIL .			
(Bu	isiness Entity Name	e)			
(Document Number)					
Certified Copies	_ Certificates o	of Status			
Special Instructions to Filing Officer:					





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SECRETARY OF STATE
TALLAHASSEE, FLORING

Mar wills

COVER LETTER

Division of Corporations						
SUBJECT: TS ESCAPE 22. (Name of Limited Liability Company)						
(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:						
CRADE J. CONZAles (Contact Person)						
(Firm/Company) Enterprise						
48 Renworth LN (Address)						
PAIM COAST F1, 32/64 (City/State and Zip Code)						
For further information concerning this matter, please call:						
CLAT G Gon TAKS at (386) 283-7800 (Area Code & Daytime Telephone Number)						
Enclosed please find a check made payable to the Florida Department of State for: \$\square\$ \$\frac{1}{2}\$ \$						
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327						

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301



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)

, i				
1. The name of the	imited liability company	as it appears on t	he records of the F	lorida Department
of State is:	S ESCA	IPE L	<u>LC.</u>	·
2. The Florida docum	ment/registration number	r assigned to this	limited liability cor	mpany is:
11500	0005095	2.		
3. The date this men	nber/manager withdrew/	resigned or will w	rithdraw/resign is:	11-20-2015
4. I, CLATG (Print Na	J. Con Whes me of Person Resigning)	, hereby v	vithdraw/resign as	a
V.P.	Print Title)			
resignation in writ	A Long	ulas	ity company has be	een notified of my ≥ Signification
Signature of D is	societing Member or Re	signing Manager		FIL NOV 2 CRETAR LAHASS
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			_ED 3 ph 1:00 87 of state see, plorida