

L15000080528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

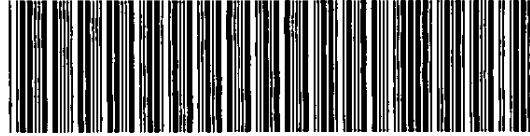
(Document Number)

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

Special Instructions to Filing Officer:

Wrong form

Office Use Only



600282626286

02/29/16--01008--014 \*\*35.00

03/10/16--01016--003 \*\*55.00

FILED  
2016 MAR -9 A 11:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 10 2016

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 1, 2016

TMA GROUP LOGISTICS  
6135 NW 167TH STREET, SUITE E21  
HIALEAH, FL 33015-4355

SUBJECT: TMA GROUP, LLC  
Ref. Number: L15000080528

We have received your document for TMA GROUP, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason  
Regulatory Specialist II

Letter Number: 916A00004294

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** tma group 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:

leonardo Velez  
(Contact Person)

tma group LLC  
(Firm/Company)

6135 NW 167th Street  
(Address) Suite E21

Hialeah, FL 33015  
(City/State and Zip Code)

**TMA Group Logistics**  
6135 NW 167th St. Suite E21  
Hialeah, FL 33015-4355  
(877) 777-1115  
tmagrouplogistics@gmail.com

For further information concerning this matter, please call:

leonardo Velez at (305) 812-1542  
(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



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: tma group LLC

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

L15600080528

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

2/25/2016

4. I, Alejandro Morales, hereby withdraw/resign as a

(Print Name of Person Resigning)

Partner  
(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)

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CLERK OF STATE  
TALLAHASSEE, FLORIDA