

115000095495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

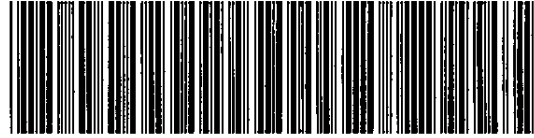
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9/9/16 GS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 25, 2016

BILL ROMPF  
8342 MIRAMAR WAY  
LAKEWOOD RANCH, FL 34202

SUBJECT: T&B VENTURES LLC  
Ref. Number: L15000095495

2016 SEP - 7 PM 5:10  
TALLAHASSEE, FLORIDA

We have received your document for T&B VENTURES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

DISSOCIATING MEMBER OR RESIGNING MANAGER MUST SIGN DOCUMENT.

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.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 416A00018134

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** T & B VENTURES LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BILL ROUNDF

Name of Person

T & B VENTURES LLC

Firm/Company

8342 MIRAMAR WAY

Address

LAKELAND RADCH, FL 34202

City/State and Zip Code

BILLROUNDF@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BILL ROUNDF

Name of Person

at ( 401 ) 662 5880

Area Code & Daytime Telephone Number

**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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

POST 5281  
2/2/14  
FL DEPT OF STATE

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16 SEP - 7 PM 4:03  
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 limited liability company as it appears on the records of the Florida Department of State is: T & B VEDTORES LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L15000095495

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 7/1/16

4. I, ~~BOB~~ ADTHOBY DRISCOLL, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MANAGER  
(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)

FILED  
16 SEP -7 PM 4:03  
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TALLAHASSEE, FLORIDA