## 115000099598

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K. SALY DEC 14 2016

## **COVER LETTER**

**Division of Corporations** TEILEN SYSTEM WALLS 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: SUSIE D'LEON (Contact Person) D'LEON INC (Firm/Company) 11200 PINES BLVD SUITE 200 (Address) PEMBROKE PINES, FL 33026 (City/State and Zip Code) For further information concerning this matter, please call: SUSIE D'LEON (Area Code & Daytime Telephone Number) (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: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301

CR2E079 (2/14)

TO:

**Registration Section** 





## 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 a of State is: TEILEN SYTEM WALLS LLC	ppears on the records of the Florida Department
2. The Florida document/registration number assign L15000099598	ned to this limited liability company is:
3. The date this member/manager withdrew/resigned	ed or will withdraw/resign is:
4. I,	
(Print Name of Person Resigning)	
MGR	
(Print Title)	
of this limited liability company and affirm the li- resignation in writing.	mited liability company has been notified of my
Signature of Dissociating Member or Resignin	g Manager