10/11/2017

From Account Bookkeeping 1.321.888.4914 Wed Oct 11 10:56:28 2017 MDT Page 1 of 3 Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170002678253)))



H170002678253ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ACCOUNT BOOKKEEPING CORP

Account Number : I20120000055 Phone : (407)898-1757 Fax Number : (407)897-5336

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TULIPA LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$55.00

OH OCT 11 R

Electronic Filing Menu

Corporate Filing Menu

Help
O SIMMONS
OCT 1 2 2017

COVER LETTER

то:	Registration Section Division of Corporations			
CHDI	ECT: TULI	PA LLC		
aubi	(Name of Lin	nited Liability Co	ompany)	_
The er	nclosed member, resignation or dissoc	iation and fee	(s) are submitted for filing.	
Please	return all correspondence concerning	this matter to	:	
	JOSE A LEMUS			
	(Contact Person)			
	ACCOUNT BOOKKEEPING COL	RP.		
	(Firm/Company)			
	5301 CONROY RD STE 1	40		
	(Address)			
	ORLANDO FL. 32811			
-	(City/State and Zip Code)			
For fu	rther information concerning this matt	ter, please call	:	
	JOSE A LEMUS	407	898-1757 	
	(Name of Contact Person)	(Area Coo	le & Daytime Telephone Number)
	sed please find a check made payable. Filing Fee	to the Florida \$55 Filin	Department of State for: ng Fee & Certified Copy	
Regis Divisi Clifto 2661 Tallah	CET/COURIER ADDRESS: Tration Section on of Corporations n Building Executive Center Circle hassee, Florida 32301 79 (2/14)		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)

of State is:	TULIPA LI	<u>م</u>
The Florida docume L15000		assigned to this limited liability company is:
he date this memb	cr/manager withdrew/re	esigned or will withdraw/resign is:
	PEDENCED	, hereby withdraw/resign as a
(Print Name	of Person Resigning)	
MGR		
(Pri	nt Title)	
of this limited liabili- resignation in writing		the limited liability company has been notified of my
	WIIIIA-	-
Signature of Disco	ciating Member or Res	igning Manager

CR2E079 (2/14)

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

\$30.00 (Optional)