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(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
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COVER LETTER

TO: Registration Section Division of Corporations	s	AÇ ı	
SUBJECT: JB5	PREMIER (Name of Limited	Services Liability Company)	, 222
The enclosed member, resignati			
Please return all correspondence	concerning this	matter to:	
YANELYS PRUNED	9		
(Contact Per JDS PREMIER (Firm/Comp		222	
8248 NW 674 T	,		
Miami Fl 3. (City/State and 7)			
(City/State and 7		blease call:	
YANELYS PRUNESA		(305) 5	04 9790
(Name of Contact Perso			ime Telephone Number)
Enclosed please find a check ma \$25 Filing Fee		e Florida Departm \$55 Filing Fee &	
STREET/COURIER ADDRE Registration Section Division of Corporations	SS:	Regist	ING ADDRESS: ration Section of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

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)

1. The name of the	e limited liability com	npany as it	appears on the re-	cords of the Florida	Department
of State is:	TBS PREM	ier	SERVICES,	220	
2. The Florida doc	ument/registration nu	ımber assiş	gned to this limite	d liability company	is:
L 15000	157488				
3. The date this mo	ember/manager witho	lrew/resign	ned or will withdr	aw/resign is:/o/	/21/2019
4. I	Name of Person Resigning	Ų	, hereby withdi	raw/resign as a	
PRESIDER	T MGR (Print Title)	·			1 1
of this limited lia resignation in w	ability company and a	iffirm the l	imited liability co	ompany has been not	tified of my
	Music				
Signature of D	issociating Member of	or Resignir	ng Manager	•	
	\$25.00 (Required \$30.00 (Optional				