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1051 Sufford Wester FL 3			
(nu	u1633 <i>j</i>		
(Ad	dress)		
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
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Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
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SECRETARY OF STARROR

K. SALY JUL 1 4 2017





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: TRA	ANSFER DOC SYSTEM S	OLUTIONS LLC
2. The Florida doc	_	signed to this limited liability company is:
	-	gned or will withdraw/resign is:, hereby withdraw/resign as a
(Print N		
	(Print Title)	e limited liability company has been notified of my
resignation in wr		
Signature of D	issociating Member or Resign	ning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	