

L15000 191456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

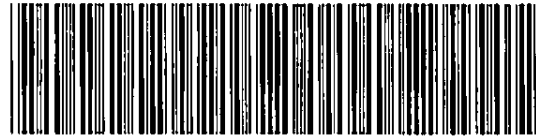
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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TD MAD C'S, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Amendment or Cancellation of Statement of Authority and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tracey Codd

Name of Person

Firm/Company

2618 Lake View Blvd

Address

Port Charlotte, FL 33948

City/State and Zip Code

TCODD@expediacruiises.com

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

For further information concerning this matter, please call:

Tracey Codd

Name of Person

941

Area Code

716-5554

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

AMENDMENT OR CANCELLATION OF STATEMENT OF AUTHORITY

Pursuant to section 605.0302(2), Florida Statutes, this limited liability company submits the following:

FIRST: The name of the limited liability company is: TD MAD C'S, LLC

SECOND: The Florida Document number of the limited liability company is: L15000191456

THIRD: The street address of the limited liability company's principal office is:

1284 Jacaranda Blvd

Ste 2

Venice, Florida 34292

The mailing address of the limited liability company's principal office is:

1284 Jacaranda Blvd

Ste 2

Venice, Florida 34292

FOURTH: The date the statement of authority became effective is: 10/2/2016

FIFTH: The statement of authority is cancelled.

OR

The amendment to the statement of authority is

Any authority Daniel J Ganter may have previously had with respect to the above LLC

has been revoked as of today's date.



Signature of authorized representative

Tracey Codd

Typed or printed name of signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

CR2E145 (2/14)

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