U5000 193 949

(Re	equestor's Name)			
(Address)				
(Ad	ldress)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate:	s of Status		
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COVER LETTER

TO:	Registration Section		
	Division of Corporations		
SUBJ	2216 HOLLYWOOD OFFICES, LI	LC	<u>-</u>
		mited Liability Co	ompany)
The er	nclosed member, resignation or dissoc	ciation and fee	(s) are submitted for filing.
Please	e return all correspondence concerning	g this matter to	:
JESSIC	CA MOLINA		
	(Contact Person)		_
TIBER	SERVICES, LLC		
	(Firm/Company)	<u>.</u>	_
2434 H	HOLLYWOOD BLVD 2ND FL		
	(Address)		_
HOLL.	YWOOD, FL 33020		
	(City/State and Zip Code)		
For fu	orther information concerning this mat	iter, please call	l:
JESSIC	CA MOLINA	954 at (744-4051
	(Name of Contact Person)		le & Daytime Telephone Number)
	sed please find a check made payable 5 Filing Fee		Department of State for: ng Fee & Certified Copy
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations The Centre of Tallahassee
	P.O. Box 6327 Tallahassee, FL 32314		2415 N. Monroe Street, Suite 81
	residence of the contract of		Tallahassee, FL 32303



2015 ET 0 30 MH 10: 27

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)

	limited liability company as	it appears on the records of the Florida Department
2. The Florida doc L15000193949	ument/registration number as	ssigned to this limited liability company is:
3. The date this me	ember/manager withdrew/res	igned or will withdraw/resign is:
T'' C ' I	I C/D Second	hereby withdraw/resign as a
Manager		
	(Print Title)	
resignation in wr	•	e limited liability company has been notified of my
Signature of D	issociating Member or Resig	ning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	