

L16 000005995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

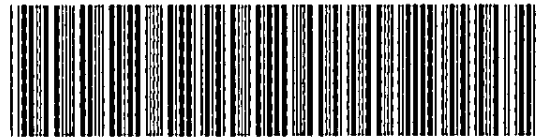
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*Wrong Form*

Office Use Only



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07/23/20--01010--017 \*\$35.00

RECEIVED

JUL 16 2020

20 OCT -2 AM 9:29  
DEPT. OF STATE  
CORPORATION

*Dissociation*

OCT 25 2020

D CUSHING

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TLY LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

TAMARA YAKEMA  
(Contact Person)

TLY LLC  
(Firm/Company)

602 GREENWOOD MANOR CIR  
(Address)

W. Melbourne, FL 32904  
(City/State and Zip Code)

For further information concerning this matter, please call:

TAMARA YAKEMA at ( 321 ) 501 6543  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

- \$25 Filing Fee
- \$55 Filing Fee & Certified Copy

**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

20 OCT - 2 AM 9: 29  
FLORIDA  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS



20210714 11:59:12

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 7, 2020

TAMARA YNTEMA  
TLY LLC  
602 GREENWOOD MANOR CIR  
WEST MELBOURNE, FL 32904

SUBJECT: TLY LLC  
Ref. Number: L16000005995

We have received your document for TLY LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 320A00017063



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

20 OCT -2 AM 9:29  
DIVISION OF STATE  
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: TL4 LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L16600005995

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/01/2020

4. I, John V. Yntema, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Vice President  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

John V. Yntema  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)