

216000046164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

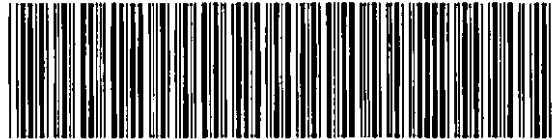
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

O. SIMMONS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: T.R. Johnson & Associates, 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:

Thomas Johnson  
(Contact Person)

T.R. Johnson & Associates, LLC  
(Firm/Company)

1151 Anderson Snow Rd  
(Address)

Spring Hill Fla 34609  
(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas Johnson at (352) 835-8580  
(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

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

### MAILING ADDRESS:

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



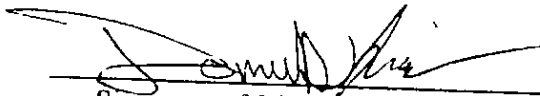
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED  
JUN 21 AM 10:55  
TALLAHASSEE  
SECRETARY OF STATE

**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: T.R. Johnson & Associates, LLC
2. The Florida document/registration number assigned to this limited liability company is: L16000046164
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 02-08-2018
4. I, Dominick Johnson, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
Am BR  
(Print Title)

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

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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