## 116000059269

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
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## **COVER LETTER**

Division of Corporations	
SUBJECT: 7/7/3	of Limited Liability Company)
The enclosed member, resignation or d	issociation and fee(s) are submitted for filing.
Please return all correspondence concer	rning this matter to:
(Contact Person)	Hungel-
(Firm/Company)	v 11.
56 30 Nul (Address)	79 NUE
User H	334/3_
(City/State and Zip Code)	
For further information concerning this	matter, please call:
(Name of Contact Person)	at (205) 905-1032 (Area Code & Daytime Telephone Number)
Enclosed please find a check made pay \$25 Filing Fee	able to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301

TO: Registration Section



## 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 reco	ords of the Florida Department
of State is:	Tints 2 go Llc	
	/ ament/registration number assigned to this limited	liability company is:
	6000059269	- -
3. The date this me	mber/manager withdrew/resigned or will withdray	w/resign is: 9/1/0/18
4. I, La Vic	hereby withdra	w/resign as a
	HER	
of this limited lia resignation in wr	bility company and affirm the limited liability coniting.	npany has been notified of my
Signature of Di	ssociating Member or Resigning Manager	
•	\$25.00 (Required) \$30.00 (Optional)	