

L14 000125642

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

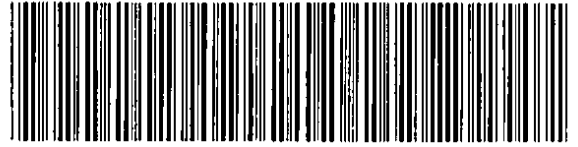
(Business Entity Name)

(Document Number)

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*Handwritten signature*

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TJCW 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:

Timothy P. Schendel

\_\_\_\_\_  
(Contact Person)

TJCW LLC

\_\_\_\_\_  
(Firm/Company)

4551 Arnold Ave

\_\_\_\_\_  
(Address)

Naples, FL 34104

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Timothy P. Schendel

\_\_\_\_\_  
(Name of Contact Person)

at ( 318 ) 542 2293

\_\_\_\_\_  
(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

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SECRETARY OF STATE  
TALLAHASSEE, FL



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 records of the Florida Department of State is: TJCW LLC
2. The Florida document/registration number assigned to this limited liability company is: L16000125642
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 07/14/2021
4. I, Michelle A. Schendel, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Manager  
  
*(Print Title)*
- 2023

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

Michael Schendel  
Signature of Dissociating Member or Resigning Manager

2023 JUL 26 AM 11:16  
CLERK OF STATE  
TALLAHASSEE, FL

FILED

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