117000033730

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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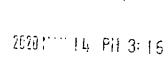
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COVER LETTER

TO:	Registration of	on Section of Corporations			
SUBJ	TINGLES PAINTING LLC				
		(Name of Limited Liability Company)			
The er	iclosed mer	nber, resignation or d	lissociation and fee(s) are submitted for filing.	
Please	return all c	orrespondence conce	rning this matter to:		
TINGL	.E. HORACE	G			
		(Contact Person)		_	
TINGL	ES PAINTIN	G, LLC			
		(Firm/Company)		_	
14453	Lake Underhi	II Road			
		(Address)	<u> </u>	~	
Orland	o. FL 32828				
		(City/State and Zip Code)	,	_	
For fu	rther inforn	nation concerning this	s matter, please call:		
TINGL	.E, HORACE	G	407	640-4384	
	(Name o	of Contact Person)		& Daytime Telephone Number)	
	sed please f Filing Fee			Department of State for: g Fee & Certified Copy	
	P.O. Box	on Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	





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 GLES PAINTING, LLC
2. The Florida doc L17000033730	ument/registration number assigned to this limited liability company is:
3. The date this mo	ember/manager withdrew/resigned or will withdraw/resign is: April 1, 2020
4. I, Carron A. Tingle	, hereby withdraw/resign as a a came of Person Resigning)
Title Authorized	
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of D	issociating Member or Resigning Manager
	\$25.00 (Required) \$30.00 (Optional)