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2020 JUN 26 PM 5: 22 SECRETARY OF STATE

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COVER LETTER

Division of Corporations
SUBJECT: TODEDAY INVESTMENTS 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:
TODD A GERLOSKI (Contact Person)
TODEDAU INVESTMENTS LLC (Firm/Company)
3701 BAYNARD DR (Address)
PONTA GORDA FLA 33950 (City/State and Zip Code)
For further information concerning this matter, please call: Toga (Erlosk) at (8 13) 679 6587 HE 28 28 28 28 28 28 28 2
(Name of Contact Person) (Name of Contact Person) (Area Code & Daytime Telephone Number) (Area Code & Daytime Telephone Number)
Area Code & Daytime Telephone Number) Section Contact Person Area Code & Daytime Telephone Number Contact Person Code & Daytime Telephone Number Code & Code
Mailing Address: Street Address:

TO: Registration Section

Registration Section Division of Corporations P.O. Box 6327 fallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)



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 compar	ny as it appears on the re	cords of the Fl	orida D	epartn	nent
of State is: 15	OT VAC ! DOU	VGSTMENTS LL	LC	<u> </u>		<u>.</u> .
2. The Florida doci	•	per assigned to this limite	ed liability com	npany is	:	
3. The date this me 4. I, David Blo (Print N	mber/manager withdrev	v/resigned or will withdr			<u>+</u> , 2	<u>01</u> 8
	(Print Title)		ompony has bo	an natifi	ial of	
		m the limited liability co	ompany nas oce	SECRETAR TALLAH	2020 JUN 26	illy
Signature of Di	ssociating Member or R	esigning Manager	•	ASSEE.	P	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			FL	5: 22	