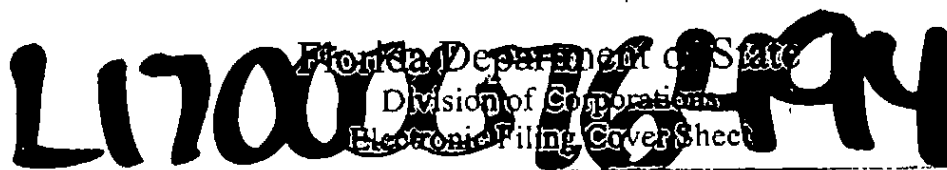


12/6/2017

Division of Corporations



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(((H17000320332 3)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : MARK B. GOLDSTEIN, P.A.
Account Number : I20060000077
Phone : (561)989-9955
Fax Number : (561)989-9966

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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TBM 646, LLC

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COVER LETTER:

TO: Registration Section
Division of Corporations

SUBJECT: TBM 646, 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:

Mark B. Goldstein

(Contact Person)

Mark B. Goldstein P.A.

(Firm/Company)

2700 N. Military Trail, Ste. 130

(Address)

Boca Raton, FL 33431

(City/State and Zip Code)

For further information concerning this matter, please call:

Mark B. Goldstein

(Name of Contact Person)

at 561 989-9955

(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

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2017 DEC -6 A 9:55
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: TBM 646, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L17000076494

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/6/2017

4. I, Mark B. Goldstein, hereby withdraw/resign as a
(Print Name of Person Resigning)

Manager

(Print Title)

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

[Signature]
Signature of Dissociating Member or Resigning Manager

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

FILED
REC - A 9:55
TALLAHASSEE, FLORIDA