L17000	150559
(Requestor's Name)	
(Address)	700335476167
(Address) (City/State/Zip/Phone #)	10/28/1901009028 **25,00
(Business Entity Name)	
(Document Number)	
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## **COVER LETTER**

TO: Registration Section Division of Corporations

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SUBJECT: Thee Tree House, uc (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:

Monica Bernd (Contact Person) Thee Tree House 1909 W. Platt St. (Address)

TAMPA, FL 33606

For further information concerning this matter, please call:

Monica Bernd at (727) 208-9907 (Name of Contact Person) (Area Code & Daytime Telephone Number)

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

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 company as it appears on the records of the Florida Department

of State is: Thee Tree House, LLC	
2. The Florida document/registration number assigned to this limited liability company is	i l
LIF000150559 3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1024 19	
4. I. <u>Hichael L. Pipec</u> , hereby withdraw/resign as a (Print Name of Person Resigning)	- <b>.</b> .
Managing Member (Prim Tille)	

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

Signature of Dissocrating Member or Resigning Manager

Filing Fee: Certified Copy:

 $\mathbf{I}_{1} \geq \mathbf{N}_{2}$ 

\$25.00 (Required) \$30.00 (Optional)