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| PICK-UP WAIT MAIL | | | |
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| (Business Entity Name) | | | |
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| Certified Copies Certificates of Status | | | |
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| Special Instructions to Filing Officer: | | | |
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Office Use Only



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COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, Florida 32301

CR2E079 (2/14)

SUBJECT: TMF Investment Group 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: Marco Madrid (Contact Person) TMF Investment Group LLC (Firm/Company) 3171 57th Ayenue Cir E (Address) Bradenton, FL 34203 (City/State and Zip Code) For further information concerning this matter, please call: Marco Madrid at (<u>941</u>) <u>445-0622</u> (Name of Contact Person) (Area Code & Davtime 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: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314



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 Dep | art |
|--|--|--|------------------|
| of State is: TMF | Investment Group LLC | ···· | |
| 2. The Florida doc | ument/registration number a | ssigned to this limited liability company is: | |
| <u>L17000215515</u> | | | |
| 3. The date this me | ember/manager withdrew/res | igned or will withdraw/resign is: September 11 | 1, 20 |
| 4. I. <u>Christi Madrid</u> (Print N | lame of Person Resigning) | , hereby withdraw/resign as a | 2019 SEP 16 |
| Authorized Person | (MGR) (Print Title) | | P 16 |
| of this limited lia resignation in wr | | e limited liability company has been notified | 9; √9. √9. |
| |) · () | | 9 |
| Signature of D | issociating Member or Resig | ning Manager | |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | |