L17000242526

(Requ	iestor's Name)		
(Address)				
(Address)				
(City/s	State/Zip/Phor	ne #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	es of Status		
Special Instructions to Filing Officer:				

Office Use Only



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SECRETARY OF STATE

Ja 10/05/020

COVER LETTER

TO:	_	stration Section		
	DIVIS	ion of Corporations		
SUBJE	ECT:	INVITE ONLY, LLC		
		(Name of Lim	ited Liability Co	mpany)
The en	closed	l member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please	return	all correspondence concerning	this matter to:	
LAURE	N J. BI	ROGNA		
		(Contact Person)		_
INVITE	ONLY	7. LLC		
		(Firm/Company)		_
9325 M	ERIDL	AN DRIVE W		
		(Address)		_
PARKL	AND,	FL 33076		
		(City/State and Zip Code)		_
For fur	ther in	nformation concerning this matt	er, please call:	
LAURE	N J. BI	ROGNA	917 _ at (364-7932
	(N	ame of Contact Person)	(Area Code) c & Daytime Telephone Number)
Enclose	ed ple	ase find a check made payable t	o the Florida I	Department of State for:
□ \$25	Filing	g Fee	\$55 Filin:	g Fee & Certified Copy
		ig Address:		Street Address:
		stration Section ion of Corporations		Registration Section Division of Corporations
		Box 6327		The Centre of Tallahassee
		hassee, FL 32314		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)

1. The name of the	limited liability company	as it appears on the records of the Florida Department
of State is:	TE ONLY, LLC	
2. The Florida docu L17000242526	ment/registration number	assigned to this limited liability company is:
3. The date this men	mber/manager withdrew/re	esigned or will withdraw/resign is:
4. 1, MICHELE ADDISON (Print Name of Person Resigning)		, hereby withdraw/resign as a
(Print No	ame of Person Resigning)	
MANAGER		
	Print Title)	
of this limited liab resignation in wri		the limited liability company has been notified of my
Signature of Dis	ssociating Member or Res	gning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	