

13  
**L17000252987**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



**200313042212**

05/08/18--01008--009 \*\*55.00

**RECEIVED**

MAY 07 2018

**FILED**

**18 MAY -7 PM 1:41**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

← SALY

MAY 10 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TFactory 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:

Edlena C Guzman

(Contact Person)

(Firm/Company)

5272 Sunset Canyon Dr

(Address)

Kissimmee, Florida 34758

(City/State and Zip Code)

For further information concerning this matter, please call:

Edlena C Guzman

at ( 407 ) 491-2461

(Name of Contact Person)

(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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED  
18 MAY -7 PM 1:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: TFactory LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L17000252987

3. The date this member/manager withdrew/resigned or will withdraw/resign is: May 2, 2018

4. I, Edlena C Guzman, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
AMBR (Approved Member)  
*(Print Title)*

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

\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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