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	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
ed Copies	Certificates of Status
cial Instructions	to Filing Officer:
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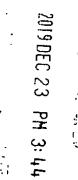


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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: THS 1, 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	:				
Neal B. Lechtner, Esq. (Contact Person)	_				
(Contact Letson)					
Tha Law Offices of Neal B. Lechtner (Firm/Company)	_				
PO Box 2083 (Address)					
Hollywood, FL 33022 (City/State and Zip Code)	_				
For further information concerning this matter, please call	:				
Neal B. Lechtner, Esq at (954 (Name of Contact Person) (Area Code) <u>457-4357</u> e & Daytime Telephone Number)				
Enclosed please find a check made payable to the Florida I	Department of State for: g Fee & Certified Copy				
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

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 rec	ords of the Florida D	epartn	nent
of State is:	THS 1, LLC				·
2. The Florida docu	ment/registration number ass	signed to this limited	I liability company is	s:	
L18000011	554	_ .			
3. The date this mer	nber/manager withdrew/resig	gned or will withdra	w/resign is: <u>12/16</u>	/19	
4. I, Judith B (Print No.	ecker Rubin ume of Person Resigning)	, hereby withdra	aw/resign as a		
	and Manager Print Title)				
of this limited liab resignation in wri	ility company and affirm the ting.	e limited liability cor	npany has been noti	ñed of	my
Signature of Dis	sociating Member of Resign	ning Manager		2019 DEC	2 [
~	\$25.00 (Required) \$30.00 (Optional)		e tra	C 23 PM 3:4	