L18000011939

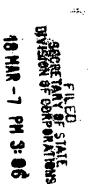
(Requestor's Name)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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 a	s it appears on the records of the Florida Department
of State is:	TA CAPITAL GROUP LLO	<u>C</u> .
2. The Florida doc L1800001193		assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/re	signed or will withdraw/resign is: 3/5/2018
4. I, FRANCISCO TAGLE		, hereby withdraw/resign as a
(Print N	Vame of Person Resigning)	, hereby withdraw/resign as a
MANAGER		
	(Print Title)	
of this limited lia resignation in wr		he limited liability company has been notified of my
	T.	
Signature of D	issociating Member or Resig	gning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	7