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C. GOLDEN APR 2 4 2019

COVER LETTER ...

TO: Registration Section Division of Corporations
SUBJECT: TCGrpen L.L.C. (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:
Michalas Berman (Contact Person)
TCGMIN L. L. C. (Firm/Company)
10/0 Brickell Ave, Unit 3011
Migni FL 33/3/ (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (248) 752-5692 (Area Code & Daytime Telephone Number)
Epolosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\sum \\$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

CR2E079 (2/14)



FILED 2019 APR 15 PH 5: 44

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 of State is:	limited liability company as it appears on the records of the Florida Department REEN LLC
	ment/registration number assigned to this limited liability company is:
3. The date this me 4. I, LORENZO M (Print N.	ARTINO, hereby withdraw/resign as a, hereby withdraw/resign as a,
(Print Title) bility company and affirm the limited liability company has been notified of my ting.
Signature of Dis	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)