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COVER LETTER

TO: Registration Section Division of Corporations		
TNR, LLC.		
SUBJECT:	Limited Liability Co	unnamy)
(:Name of	Limited Liability Co	impany)
The enclosed member, resignation or dis	sociation and fee(s) are submitted for filing.
Please return all correspondence concern	ing this matter to	:
Thomas Johns		
(Contact Person)		mana,
TNR, LLC.		
(Firm/Company)		_
10035 Remington Drive		
(Address)		_
Riverview, FL 33578		
(City/State and Zip Code)		
For further information concerning this r	natter, please call	:
Thomas Johns	813 at (310-8337
(Name of Contact Person)		e & Daytime Telephone Number)
Enclosed please find a check made payal \$25 Filing Fee		Department of State for: g Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section Division of Corporations		Registration Section Division of Corporations
Clifton Building		P.O. Box 6327
2661 Executive Center Circle		Tallahassee, Florida 32314
Tallahassee, Florida 32301		

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 of State is: TNR	•	it appears on the records of the Flori	da Depa	artment
2. The Florida docu £1800008471	_	signed to this limited liability compa	my is:	
3. The date this me	mber/manager withdrew/resi	gned or will withdraw/resign is:	-18-18	
Rahacca Schmid		, hereby withdraw/resign as a	<u>.</u>	
	ame of Person Resigning)		; ; ;	
MGR			23	•
	(Print Title)		>	: - :
resignation in tox	ting.	e limited liability company has been	notified	l of my
Filing Fee:	ssociating Member or Resign \$25.00 (Required)	ning Manager		
Certified Copy:	\$30.00 (Optional)			