118000093436

(Req	uestor's Name)	
(Addi	ress)	
(Add	ress)	
(City)	State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Busi	iness Entity Nam	e)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
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SEP 2 2018

COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: TAMPA Wedding Swap LC (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:

Courtney Mason
(Contict Person)

Tampa Wedding Swap LLC
(Firm/Company)

1503 Lakeview Ave.
(Address)

Seffner Pt 33564
(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Contact Person) at (913), 900 - 699 (Area Code & Daytime Telephone Number)

Englosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\square\$ \$55 Filing Fee \$\square\$ 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



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: Tampa Wedding Swap UC.
2. The Florida document/registration number assigned to this limited liability company is:
L18000093436 August 24th, 2018 3. The date this member/manager withdraw/resigned or will withdraw/resign is: 8/24/19
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 82418
4. I. TAYU MLAN BUND, hereby withdraw/resign as a (Print Name of Person Resigning)
(Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Julylor in Olysan
Signature of Dissociating Member or Resigning Manager

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