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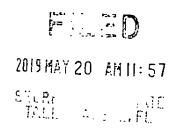
TO:

CR2E079 (2/14)

Registration Section

Division of Corporations TBRC STRUCTURES LLC SUBJECT: (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: Lincoln Sziranko (Contact Person) TBRC STRUCTURES LLC (Firm/Company) 6426 126TH AVE (Address) LARGO, FL 33773 (City/State and Zip Code) For further information concerning this matter, please call: 727 3307065 (Area Code & Daytime Telephone Number) Lincoln Sziranko (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301





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)

	limited liability company as it appears on the records of the Florida Department C STRUCTURES LLC
2. The Florida doc L1800010913	ument/registration number assigned to this limited liability company is: 9
4. I. Lincoln Szira	, hereby withdraw/resign as a
MGR	lame of Person Resigning)
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of D	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)