

L18000139443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

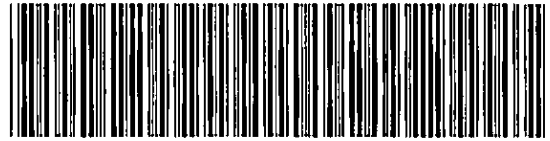
(Document Number)

Certified Copies _____ Certificates of Status _____

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CORPORATION
16 OCT 31 PM 4:39

mgr Resignation

NOV 07 2018

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TR Distributors LLC
(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:

TRACY GARRISON
(Contact Person)

(Firm/Company)

4583 Destin DR
(Address)

Tallahassee, FL 32305
(City/State and Zip Code)

For further information concerning this matter, please call:

TRACY GARRISON at (850) 321-4182
(Name of Contact Person) (Area Code & Daytime Telephone Number)

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:
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

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OCT 31 PM 4:39
19 OCT 31 PM 4:39



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 14, 2018

AARON WILLIAMS
TR DISTRIBUTORS LLC
4583 DESLIN DR
TALLAHASSEE, FL 32305

SUBJECT: TR DISTRIBUTORS LLC
Ref. Number: L18000139443

We have received your document for TR DISTRIBUTORS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 218A00019201

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TALLAHASSEE, FL



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: TR DISTRIBUTORS LLC

2. The Florida document/registration number assigned to this limited liability company is:
L18000139443

3. The date this member/manager withdrew/resigned or will withdraw/resign is: Sept 1, 2018

4. I, AARON WILLIAMS, hereby withdraw/resign as a
(Print Name of Person Resigning)

MGR
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Aaron Williams
Signature of Dissociating Member or Resigning Manager

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

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