

U18000 227 572

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

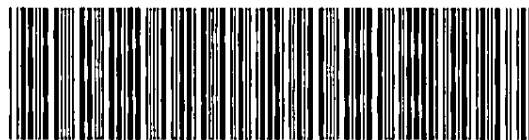
(Business Entity Name)

(Document Number)

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MAHARAJA, FL

C. GOLDEN

MAR 11 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TLC Dreams, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lonnie Brick
Name of Person

TLC Dreams
Firm/Company

2429 Post rd
Address

Sarasota, FL 35231
City/State and Zip Code

TLC Dreams 2019@outlook.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lonnie Brick at (863) 244-8469
Name of Person Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



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: TLC Dreams, LLC

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

L18000227572

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 2/14/2019

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

Authorized Member
(Print Title)

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

Connie Birchhill
Signature of Dissociating Member or Resigning Manager

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

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL