4800160885

(Requestor's Name)
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2019 JAN 28 PM 6: 12

R. WHITE FEB 0 4 2019

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TO P Source Fac	tORY LU ability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this n	natter to:
Anthony Markn (Contact Person)	
(Firm/Company)	
P.O BOX 3121	
(Address)	
WINDERMELE FT 34786 (City/State and Zip Code)	
For further information concerning this matter, ple	rase call:
at (at (_/)
Enclosed please find a check made payable to the \$25 Filing Fee \$\square\$\$\$	Florida Department of State for: 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

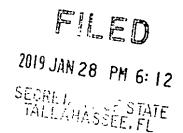
Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

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)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is:	TOP Source factory uc
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L18000	260885
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 12719
4. 1. <u>Anthon</u> (Print N	hereby withdraw/resign as a mond of Person Resigning)
M6	(Print Title)
of this limited lial resignation in wr	pility company and affirm the limited liability company has been notified of my ting.
A	toute
Signature of Di	ssociating Member or Resigning Manager
•	\$25.00 (Required)
Certified Conve	\$30.00 (Ontional)