

L19000025179

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

(Document Number)

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Certificates of Status _____

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2019 MAR 18 P 15 45
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

MAR 26 2019
T. LEMMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: T. Spencer 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:

Michael T. Spencer
(Contact Person)

T. Spencer LLC
(Firm/Company)

9770 lake dr
(Address)

Weeki Wachee FL 34613
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael T. Spencer at (727) - 597-3680
(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



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: T. Spencer LLC

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

L19000025179

3. The date this member/manager withdrew/resigned or will withdraw/resign is: FEB 11TH 2019

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

manager
(Print Title)

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

Tina Spencer
Signature of Dissociating Member or Resigning Manager

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

FILED
2019 MAR 18 P 4 45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA