1190000 81834

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A 6111.12

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: PASSERA AND S (Name of Limited I	JONS From multal Senors LLC. Liability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
Robert Passera (Contact Person)	
PASSENA And Sons Emmons (Firm/Company)	TI Semus LLC
1100 N VAhence A.	
Hown In the Hills F (City/State and Zip Code)	34737
For further information concerning this matter, p	lease call:
Robert Passan at (Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (2/14)



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 liab	ility com	pany as it a	ippears on the	e record	s of the F	lorida Der	nartment احد
of State is:	ASSUM	And	Sons	Ensina	un/	Schu	ZSLE	12 T
2. The Florida docu	iment/regist	ration nu	mber assig	ned to this li	mited lia	ability cor	npany is:	7 23
1190000	87834	,		<u>_</u> .				当に
3. The date this me	mber/manag	er withd	rew/resign	ed or will wit	thdraw/i	esign is: _	10/21	[in
4. I, Robert	PASS ame of Person			, hereby wi	ithdraw/	resign as	a a	
AMBR	(Print Title)		·					
of this limited lial resignation in wr	,	ny and a	ffirm the li	mited liabilit	y compa	any has be	en notifie	d of my
Signature of Di	ssociating N	lember o	r Resignin	g Manager				
Filing Fee:	\$25.00 (•	-					
Certified Copy:	\$30.00 (Optional _.)					