L19 000 2080 20

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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2020 HAR 19 PH 4: 03

Besignation

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 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:
Quotella Adams (Contact Person)
TEQ MGB MG SAC (Firm/Company)
501 Peace Court (Address)
Wissimmee 41 34759 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (803) 040-6838 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: S55 Filing Fee & Certified Copy
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



February 11, 2020

QUINTELLA ADAMS 501 PEACE DRIVE KISSIMMEE, FL 34759

SUBJECT: T&Q MASONRY LLC. Ref. Number: L19000208020

We have received your document for T&Q MASONRY LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

You failed to sign/date and print your name in the spaces provided.

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

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

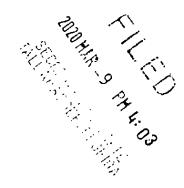
If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

www.sunbiz.org

Letter Number: 420A00003028





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? Q Coons
2. The Florida document/registration number assigned to this limited liability company is:
<u>1190000000</u>
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/11/20(
4. I, Print Name of Person Resigning), hereby withdraw/resign as a
(Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
TAAbar
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)