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(Re	equestor's Name)	 _		
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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R. WHITE JAN 2 8 2020

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COVER LETTER

Original

Division of Cor	porations					
SUBJECT:	Team Florid	a FFS, LLC				
	Name of Lim	ited Liability Company	······			
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspo	ndence concerning this matter	to the following:				
	kis	name of Person				
		Name of Person				
	Te	am Florida FFS, L	LC			
		Firm/Company				
	Pos	86× 1753 Address				
		Address				
	Na	OCITY/State and Zip Code oa 60e+ 529 Paol. Co to be used for future annual report notifi	959			
	1.	City/State and Zip Code				
	E-mail address: (to be used for future annual report notifi	cation)			
For further information c	oncerning this matter, please ca					
hisa f	1. Goetschins	at (<u>203</u>) <u>910-5</u> Area Code Daytime	5449			
Name o	f Person	Area Code Daytime	Telephone Number			
Enclosed is a check for the	ne following amount:					
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
		On A 44				

TO:

Registration Section

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



2015 0 130 PH 3: 21

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:	Team	Florida	FFS, LLC
2. The Florida docu	iment/registratio	on number assi	gned to this limited liability company is:
L190	0021057	'3	·
3. The date this me	mber/manager w	vithdrew/resign	ned or will withdraw/resign is: 12-15-19
4. I. Christopher (Print N.	i Johnson ame of Person Resi	gning)	, hereby withdraw/resign as a
Manage	ing Member 1911	oer	
of this limited liab resignation in wri		and affirm the l	imited liability company has been notified of my
_ Can			
Signature of Di	ssociating Mem	ber or Resigni	ng Manager
Filing Fee:	\$25.00 (Requ	uired)	
Certified Copy:	\$30.00 (Opti	onal)	