h20 0000044670

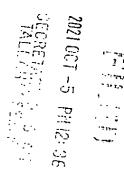
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	MAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificate	es of Status			
Special Instructions to Filing Officer:					





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10/05/21--01019--026 **25.00



COVER LETTER

TO:		stration Section sion of Corporations		
SUBJ	ECT:	THE TEAL HAMMER LLC		
5020		(Name of Limited	Liability Cor	mpany)
The er	nclosed	d member, resignation or dissociation	on and fee(s	s) are submitted for filing.
Please	return	all correspondence concerning thi	s matter to:	
LINDS	EY WA	ALLER		
		(Contact Person)		_
THE T	EAL H	AMMER LLC		
		(Firm/Company)	-	_
2575 C	CR 220	UNIT 104		
		(Address)		_
MIDDL	EBUR	G, FL 32068		
		(City/State and Zip Code)		_
For fu	rther i	nformation concerning this matter,	please call:	
LINDS	SEY WA		904 t (416-8407
	(N	Name of Contact Person)		& Daytime Telephone Number)
	sed ple 5 Filin	ease find a check made payable to t g Fee [Department of State for: g Fee & Certified Copy
	Regi: Divis	ng Address: stration Section sion of Corporations		Street Address: Registration Section Division of Corporations
		Box 6327 shassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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)

	limited liability company as	it appears on the records of the Florida Department
2. The Florida doc:	ument/registration number as	ssigned to this limited liability company is:
LINDSEV WALL	ED	igned or will withdraw/resign is:, hereby withdraw/resign as a
(Print A	'ame of Person Resigning)	, nereby withdraw/resign as a
	·	e limited liability company has been notified of my
	m day USQU issociating Member or Resig	ning Manager 2021 og F
	\$25.00 (Required) \$30.00 (Optional)	7-5 PHI2