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COVER LETTER

TO: Registration Section Division of Corporations	,
THE TEAL HAMMER LLC SUBJECT:	
(Name of Lir	mited Liability Company)
The enclosed member, resignation or dissoc	ciation and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to:
LINDSEY WALLER	
(Contact Person)	
THE TEAL HAMMER LLC	
(Firm/Company)	
2575 CR 220 UNIT 104	
(Address)	
MIDDLEBURG, FL 32068	
(City/State and Zip Code)	
For further information concerning this mat	tter, please call:
LINDSEY WALLER	904 416-8407 at (·)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable	
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	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		of the Florida Department
	ument/registration number as		bility company is:
3. The date this me	mber/manager withdrew/res	signed or will withdraw/re	sign is:
4. I, TONIA PRISTY	AK ame of Person Resigning)	, hereby withdraw/re	esign as a
AUTHORIZED M	1EMBER		
of this limited lial resignation in wr	bility company and affirm thiting. ssociating Member or Resign)	ny has been notified of my
Filing Fee	\$25.00 (Required)		26 /2
	\$30.00 (Optional)		