

L20 0000 86155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

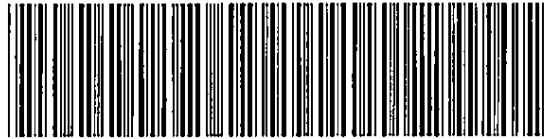
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TR RENTALS I LLC

(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:

CELIA ROMERA ESQUILIN

(Contact Person)

(Firm/Company)

28231 SEASONS TIDE AVENUE

(Address)

BONITA SPRINGS, FLORIDA 34135

(City/State and Zip Code)

For further information concerning this matter, please call:

CELIA ROMERA ESQUILIN at (239) 287-0135

(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

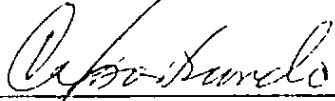
☒ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy

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

DISSOCIATION OF MEMBER FROM
FLORIDA 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: TR RENTALS 1 LLC.
2. The Florida document/registration number assigned to this limited liability company is: L20000086155.
3. The date this member withdrew/resigned is: January 5, 2024
4. I, CELIA ROMERA ESQUILIN, hereby withdraw/resign as a Member of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



Signature of Dissociating Member

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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2024 FEB -9 PM 4:24
SEC. OF STATE
TALLAHASSEE, FL