

L20000 114177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

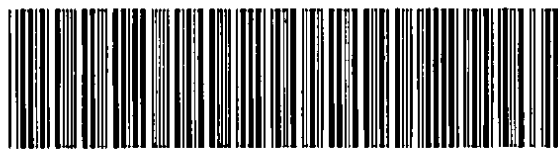
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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CLERK OF STATE
TALLAHASSEE, FLORIDA

2020 OCT -7 P 4:02

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10/20/20

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2020 AUG 26 11:01
FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 26, 2020

KYLE KNEIFEL
190 SE JUPITER AVE
PT ST LUCIE, FL 34983

SUBJECT: TCPAW LLC
Ref. Number: L20000114177

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

SINCE CONSTANCE J. DEGOLIER IS A MANAGER IN THE LLC, SHE MUST COMPLETE THE MEMBER/MANAGER RESIGNATION FORM.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 720A00016368

*Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314*

www.sunbiz.org

Division of Corporations, P.O. Box 6327, Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TC PAW 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:

Kyle Kneifel
(Contact Person)

TC PAW LLC
(Firm/Company)

2143 NW Settle Ave
(Address)

Port St. Lucie, FL 34986
(City/State and Zip Code)

For further information concerning this matter, please call:

Kyle Kneifel at (772) 862-3897
(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



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: TCPAW LLC

2. The Florida document/registration number assigned to this limited liability company is:

L20600114177

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 6/1/2020

4. I, Constance DeGuer, hereby withdraw/resign as a
(Print Name of Person Resigning)

manager
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

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

2020 OCT -1 P 4: 02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED