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(Requestor's Name)				
(Address)				
(Address)				
(/ lauress)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Basilios Zinty Name)				
(Document Number)				
Certified Copies Certificates of Status				
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COVER LETTER

Division of Co	rporations		
TBB TOW SUBJECT:	TNG AND RECOVER	Y LLC	
	(Name of L	imited Liability (Company)
The enclosed member	, resignation or disso	ociation and fe	ee(s) are submitted for filing.
Please return all corres	spondence concernit	ng this matter	to:
GIORMIS GUADARRAM	IAS MEULENER		
	(Contact Person)		··
TBB TOWING AND REC	OVERY LLC		
	(Firm/Company)		
7919 JUDITH CRES			
	(Address)		
PORT RICHEY, FL. 3460	58		
(Cit	y/State and Zip Code)		
For further informatio	n concerning this ma	atter, please ca	att:
GIORMIS GUADARRAN	IAS MEULENER	813	598-4567 ode & Daytime Telephone Number)
(Name of Co	ntact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed please find a ■ \$25 Filing Fee	check made payabl		a Department of State for: ling Fee & Certified Copy
Mailing Address: Registration Sc Division of Co P.O. Box 6327 Tallahassec. Fl	ection rporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)

TO: Registration Section



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)

		it appears on the records of the Florida Department		
2. The Florida doc	ument/registration number as	signed to this limited liability company is:		
CIODANS CHA	- DADDANIAC MICH UNUD	gned or will withdraw/resign is:		
4. 1. (Print Name of Person Resigning)		, hereby withdraw/resign as a		
AMBR	ame by the one healghorg			
	(Print Title)			
of this limited lia resignation in wr		e limited liability company has been notified of my		
Signature of D	issociating Member or Resign	ning Manager		
	\$25,00 (Required) \$30.00 (Optional)	PA 2:		