## K200000284837

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## **COVER LETTER**

Division of Corporations Tinterz LLC SUBJECT: \_\_\_\_\_ (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: Luiz V Lemos (Contact Person) Tinterz LLC (Firm/Company) 101 Lake Ave. APT 2404 (Address) Orlando, FL, 32801 (City/State and Zip Code) For further information concerning this matter, please call: Luiz V Lemos (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: 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

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)

	limited liability company as i		of the Florida Depar	tment 
2. The Florida doc 1,20000284837	ument/registration number ass	signed to this limited liabi	lity company is:	
3. The date this me	ember/manager withdrew/resig	gned or will withdraw/resi	gn is:	
4. 1. Luiz V Lemos, hereby withdraw/resign as a hereby withdraw/resign as a		ign as a		
Manager	(Print Title)			
of this limited lia resignation in wr	bility company and affirm the	limited liability company	has been notified o	ofmy
Starke to	Inux		TÄLL MHÄSSI	9091 AD
Signature of Di	ssociating Member or Resigni	ing Manager	<u>123</u>	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			AM 12: 1.