

L20000328950

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

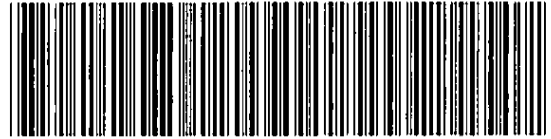
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
AUG 20 2024

Office Use Only



800434519988

08/09/24--01012--005 **25.00

FILED
2024 AUG -9 PM 4:06
CLERK OF DISTRICT COURT
JULIA A. HARRIS

August 7, 2024

Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314
Attn: Registration Section

To Whom it may concern:

My name is William Byrd I am the owner of TCT Technology Services, LLC, document number (L200000328950), please find attached the required document to remove my daughter from My LLC.

I am removing her because the SBA requires that since I am requesting a Service Disabled Veteran Owned Small Business Certification my name is the only name allowed to qualify. So I am asking this be process as quickly as possible, because request a confirmation no later then August 14, 2024 or this could be delay a couple months more.

Please assist me as quickly as you can, I know your office is very busy and I would greatly appreciate you help.

Thank You,


William Clarence Byrd
Owner.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TCT Technology Service, 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:

William Clarence Byrd

(Contact Person)

TCT Technology Service, LLC

(Firm/Company)

13654 Wildgrass Meadows Drive A-101

(Address)

Riverview, Florida 33578

(City/State and Zip Code)

For further information concerning this matter, please call:

William Clarence Byrd

334 354-8400
at (_____) _____

(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

FILED
2024 AUG -9 PM 4:06
TALLAHASSEE, FLORIDA

**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: TCT Technology Service, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L20000328950

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8/6/2024

4. I, Tia Byrd, 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.

Signed by:

Tia Byrd

48044096-9663488

Signature of Dissociating Member or Resigning Manager

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