## 120000388662

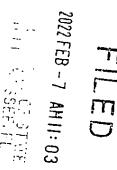
(F	Requestor's Name)			
	Address)			
	Address)			
(0	City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of S	Status		
Special Instructions to Filing Officer:				
	<del></del>			

Office Use Only



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C. BRUMBLEY FEB 1 6 2022

## **COVER LETTER**

TO: Registration Section Division of Corporations	•
SUBJECT: SIGNATURE TY (Name of Limited	Liability Company)
The enclosed member, resignation or dissociation	on and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to:
LOTRINA Massey (Contact Person)	<del></del>
Signature Tingo UC (Firm/Company)	
Dance E. Park Ave A	ot 4200
Tallahossee FL3 (City/State and Zip Code)	2301
For further information concerning this matter,	please call:
(Name of Contact Person)	(260) 363-7752 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the S25 Filing Fee	ne Florida Department of State for: I \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314



## 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 t	he Florida Department
of State is:	Signature Tir	190 UC	
2. The Florida doc	.ment/registration number as	ssigned to this limited liability	y company is:
<u>L20000</u>	0388do2		
3. The date this me	mber/manager withdrew/resi	igned or will withdraw/resign	is: 7 7 22
4. I. LATREN	Massey iame of Person Resigning)	hereby withdraw/resign	n as a
mem	Print Title)		
resignation in wr	- · · · · ·	e limited liability company h	as been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		2027FEB-7

CR2E079 (2/14)