

3/29/22, 2:24 PM

Division of Corporations

Florida Department of State

Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305)599-0839
Fax Number : (305)592-9591

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TMS NORTH AMERICA LLC**

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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
TMS NORTH AMERICA LLC
of State is: _____

2. The Florida document/registration number assigned to this limited liability company is:
L22000070506

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 03/17/2022
WILLIAM ALEX CARLOW

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

AMBR

(Print Title)

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

DocuSigned by:

William A Carlow

37CE5F1F5AD3471

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
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