

L22000171306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

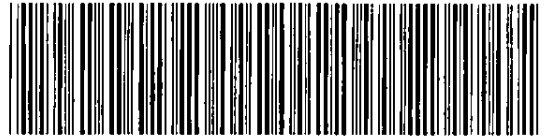
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

M

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: T+A 2 Ariation 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:

Mary Ann Stiles  
(Contact Person)

T+A 2 Ariation, LLC  
(Firm/Company)

3637 4th St. N Suite 310  
(Address)

St. Petersburg FLA 3370X  
(City/State and Zip Code)

DEPT OF AGRICULTURE  
AND CONSUMER SERVICES

BUREAU OF FINANCE  
AND ACCOUNTING

For further information concerning this matter, please call:

Mary Ann Stiles at ( 727 ) 916-2785  
(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

**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: T+A 2 Ariation LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L22000171306

3. The date this member/manager withdrew/resigned or will withdraw/resign is: \_\_\_\_\_

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

Member  
(Print Title)

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

[Signature]  
Signature of Dissociating Member or Resigning Manager

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

2023 AUG -1 PH 6:20  
SECRETARY OF STATE  
TALLAHASSEE, FL

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MARY ANN STILES, P. A.

1025

813-376-3248

6250 KIPPS COLONY CT, APT. 106  
GULFPORT, FL 33707-3982

63-8413/2670

PAY  
TO THE  
ORDER OF

DATE

7/19/23

Florida Department of State

\$ 55.00

fiftyfive & no/100

CHASE

JPMorgan Chase Bank, N.A.  
www.Chase.com

DOLLARS

FOR

legating Millon for T&B2

Mary Ann Stiles

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737966918⑈