

7/13/22, 3:17 PM

Division of Corporations

**W22000186991**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : DOSSANTOS AND MACHADO, LLC  
Account Number : 120140000089  
Phone : (754)301-2128  
Fax Number : (554)252-4650

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

Email Address: INFO@GESTAXACCT.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
TVZ PARTNERS LLC

Certificate of Status	0
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Estimated Charge	\$25.00

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FLORIDA

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T. LEMIEUX  
JUL 13 2022

H220002372743

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TVZ PARTNERS 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:

JULIANA MACHADO  
\_\_\_\_\_

(Contact Person)

GFS TAX & ACCOUNTING SERVICES  
\_\_\_\_\_

(Firm/Company)

11764 W SAMPLE RD STE 102  
\_\_\_\_\_

(Address)

CORAL SPRINGS, FL 33065  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

JULIANA MACHADO \_\_\_\_\_ 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

H220002372743

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: TVZ PARTNERS LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L22000186991

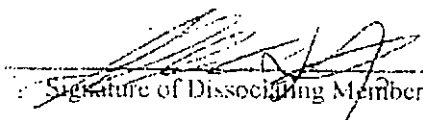
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 07/12/2022

4. I, THIAYS CHINAGLIA, 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.

  
Signature of Dissociating Member or Resigning Manager

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

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