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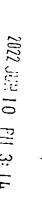
(Re	questor's Name)	 –
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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of 8/20/2022

COVER LETTER

Division of Corporations		
SUBJECT: TAN FONE O (C (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:		
CREGOLY (Contact Person)		
TITAN FENCE CO, UC (Firm/Company)		
4199 N LONGUALCY RO (Address)		
HERNAND FL 34442 (City/State and Zip Code)		
For further information concerning this matter, please call:		
CREGORY W LONG at (352) 601-0859 (Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for: [2] \$25 Filing Fee		

Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

Mailing Address; Registration Section Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO: Registration Section



2022 JUN 10 PH 3: 14

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 li	ability company as it appears on the records of the Florida Department
of State is: TAA	FORCE CD, LCC
2. The Florida document/reg	istration number assigned to this limited liability company is:
L2200022	B422
3. The date this member/mar	ager withdrew/resigned or will withdraw/resign is: 6/3/22
	A YOUEL, hereby withdraw/resign as a con Resigning)
AMBR (Print Title)	
of this limited liability comresignation in writing.	pany and affirm the limited liability company has been notified of my
Signature of Dissociating	Member or Resigning Manager
	(Required) (Optional)