

L24000 133163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

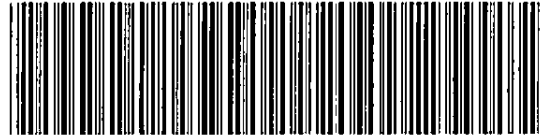
(Business Entity Name)

(Document Number)

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

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04/08/24--01020--002 \*\*55.00

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2024 APR -8 PM 11:08  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TOBB 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:

DANNY DOERR

(Contact Person)

TOBB LLC

(Firm/Company)

1802 NE 24TH AVE

(Address)

CAPE CORAL, FL 33909

(City/State and Zip Code)

For further information concerning this matter, please call:

DANNY DOERR at ( 609 ) 271-8939  
(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

CR2E079 (2/14)



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 liability company as it appears on the records of the Florida Department of State is: TOBB LLC

2. The Florida document/registration number assigned to this limited liability company is: L24000133163

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 04/01/2024

4. I, VIVIANA L. DOERR, hereby withdraw/resign as a SECRETARY  
(Print Name of Person Resigning)

AUTHORIZED PERSON

(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)