

M18 0000 11443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

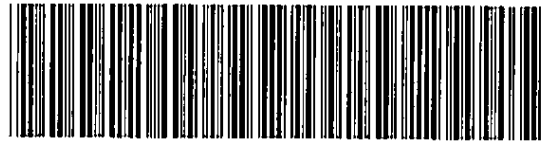
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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March 25, 2021

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32315

**Re: TMT Property Solutions, LLC  
Resignation**

Dear Sir/Madam:

Please find enclosed the original, executed Dissociation or Resignation of Member, Manager from Florida Limited Liability Company.

Further enclosed is a check in the sum of \$25.00 made payable to the "Florida Department of State" in payment of the filing fee.

Your prompt attention to this matter would be appreciated.

Sincerely,

Timothy J. Conner  
Attorney

TJC:rg  
Enclosures



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: TMT PROPERTY SOLUTIONS, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
M18000011443

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

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

MANAGER

*(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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TALLAHASSEE, FLORIDA