L21000480497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TTM Group Enterprises, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L21000480497

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Claudia Low
Name of Person

L2 Advisors, LLC
Name of Firm/Company

1560 Sawgrass Corporate Parkway Suite 400
Address

Sunrise, FL 33323
City/State and Zip Code

claudia@L-2advisors.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Claudia Low at (305) 924-1630
Name of Person — Area Code — Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for $85.00 for an active limited liability company or $25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

L2 Advisors, LLC , hereby resigns as

Name of Registered Agent

Registered Agent for TTM Group Enterprises, LLC

Name of Limited Liability Company

L21000 480497

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Signature of Resigning Agent

If signing on behalf of an entity:

L2 Advisors, LLC

Typed or Printed Name

Partner

Capacity

FILED
2024 NOV 14 PM 12:55
TALLAHASSEE, FLORIDA

FILING FEES:

$ 85.00 Active limited liability company
$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

INHS17 (2/14)