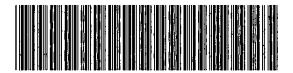
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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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COVER I ETTER

COVERLEI	IEN	
TO: Registration Section Division of Corporations		
SUBJECT: PT Enterprises, LLC (Name of Limited Liability)	r Company)	
The enclosed member, managing member or manager if filing.	resignation and fee(s) are sub-	mitted for
Please return all correspondence concerning this matter	r to:	
Terrence Walker		O S TAL
(Contact Person)		OT JUN 21 PH 12: L SECRETARY OF STATE STATE OF STATE
(Firm/Company)		SEE
322 Savannah Holly Lane		F1.07
(Address)		RIDA RIDA
Sanford, FL 32771	· 	-
(City/State and Zip Code)		
For further information concerning this matter, please of	eall:	
Terrence Walker at (40) (Name of Contact Person) (Area Contact Person)	7 330-7198 Code & Daytime Telephone Num	nber)
Enclosed please find a check made payable to the Flori	da Department of State for: \$55 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations	

Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

CR2E079 (5/06)

P.O. Box 6327 Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as		is of the Flori	ida Depai	rtment	
of State is: PT	Enterprises, L	LC	· · · · · · · · · · · · · · · · · · ·	ASE	07	
2. This limited liab	ility company was organized	d under the laws of:		CRETARY OF S LAHASSEE.FL	JUN 21 PI	
3. The Florida docu L04000	ment/registration number o	f this limited liability co	mpany is:	ORIDA	PH 12: 4.1	j
·	e L. Walker ame of Person Resigning)	, hereby resign as a		ging (<u> </u>	bei
of this limited liab resignation in wri	oility company and affirm thiting.	ne limited liability compe	any has been	notified	of my	
Signature of Resi	gning Member, Managing N	Member or Manager				
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)					
CR2E079 (5/06)						