5000040450

(R	Requestor's Name)
(A	Address)
(A	Address)
(Ĉ	City/State/Zip/Phone #)
PICK-UP	MAIL MAIL
(B	Business Entity Name)
(D	Document Number)
Certified Copies	Certificates of Status
Special Instructions to	to Filing Officer

A. LUNT

DEC - 5 2008

EXAMINER

Office Use Only



900138393879

12/04/08--01024--001 **25.00

COVER LETTER

T	
SUBJECT: Titan Investments LLC	Liability Company)
(Name of Ellinte	a Liability Company)
The enclosed member, managing member or m filing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
Andrew Co. On Br	
Antonio Gullo	
(Contact Person)	SSE 1
	SET A
Titan Investments	
(Firm/Company)	2008 DEC -4 PM 4: 06 SECRE JARY OF STATE ALLAHASSEE, FLORID
	중
755 Grand Blvd. Ste. B105-282	>
(Address)	
Destin, FL 32550	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
Antonio Gullo a	_{t (} 850 ₎ 419-3976
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	
\$25 Filing Fee	\$55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301

TO: Registration Section Division of Corporations



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the lin	nited liability company as it ap	pears on the records of th	e Flori	da Dep	artment
of State is: Titan Ir	vestments LLC				
2. This limited liabilit Florida	y company was organized und	er the laws of:	TALLAHASSEE.	2008 DEC -4 P	
3. The Florida document	ent/registration number of this	limited liability company	FLOBIDA	PM 4: 06	Ö
4. I, MARISOL GULI	LO	, hereby resign as a MGF	₹		
(Print Man	e of Person Resigning)			Title)	
resignation in writin	ity company and affirm the liming. ing Member, Managing Memb		s beèn	notified	l of my
Filing Fee:	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				