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(Re	equestor's Name)	
(Ac	ldress)	
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SECRETARY OF STATE TALLAHASSEE, FLORID

T. CLINE
FEB 1 4 2011
EXAMINEF

COVER LETTER

Division of Corporations			
SUBJECT: PTC, LLC (Name of Limited Liability Cor	npany)		
The enclosed member, managing member or manager resigning.			
Please return all correspondence concerning this matter to:			
JAMES STROPOLI			
(Contact Person)	_		
PTC, LLC			
(Firm/Company)	7		
PO BOX 520775	ZOII FEB I I		
(Address)			
LONGWOOD, FL 32752-520775			
(City/State and Zip Code)	OF STATE ORIDA		
For further information concerning this matter, please call:	<i>7</i> ~ €		
JAMES MOORE at (772	785-9696		
(Name of Contact Person) (Area Code	& Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida D \$25 Filing Fee \$5	Department of State for: S55 Filing Fee & Certified Copy		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section Division of Corporations	Registration Section Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		

CR2E079 (5/06)



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 of State is: PTO	limited liability company as it ap	pears on the records	s of the Flor	rida Dep	artment
2. This limited liab FLORIDA	ility company was organized und	er the laws of:		SEORE	2011 FEB 1
3. The Florida docu L05000121		•	• •	ARY OF STU ASSEE, FLOO	Tigger - Trigger
4. I, JAMES R	MOORE JR	, hereby resign as a	VICE P	RĘŚIC	ENT
(Print N	ame of Person Resigning)		(Prin	nt Title)	
resignation in wri	pility company and affirm the limiting. Spring Member, Managing Member, Managing Member		ny has been	notified	l of my
Filing Fee:	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				