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(Requestor's Name)
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SECNETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TTK Systems LLC	
(Name of L	imited Liability Company)
The enclosed Articles of Dissolution and fee(s) are sui	hmitted for filing
Please return all correspondence concerning this matter	-
Barbara I. Martinez	
	(Name of Person)
	(Firm/Company)
14807 SW 155 PL	
	(Address)
Miami,FL 33196	
(City	y/State and Zip Code)
For further information concerning this matter, please	call:
Raphael Denis	at (305) 500-3356
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$25.00 Filing Fee 30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Securified Copy (additional copy is enclosed) Securificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS:	STREET/COURIER ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED

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SECRETARY OF STATE

TALLAHASSEE, FLORIDA
and assigned document number
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any's dissolution pursuant to section written consent of all of the members of
mpany have been paid or discharged. and liabilities pursuant to s. 608.4421. mbers in accordance with their respective judgment, order or decree which may be
ests necessary to approve the dissolution:
Printed Name
oara I. Martinez