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Registration Section

TO:

CR2E079 (8/05)

Division of Corporations		
SUBJECT: 77 907 44.	Liability Company)	
Dear Sir or Madam:		
The enclosed Resignation of Member, Managing Me	ember or Manager and fee(s) are submitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
Luis Fernando SARA (Name of Person)	ėıa_	
(Firm/Company)		
247 Sw 8th Stre	et #319	
Hi'a Mi, FL 33/3 (City/State and Zip Code)	0	
For further information concerning this matter, pleas	e call:	
German Salazay at (Name of Person)	(7/8) 426 - 7037 (Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	



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SECRETANT OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Luis Fernando Sarria, hereby resign as Honager (Title)
(Title)
of TT 907 L.L.C.
(Limited Liability Company)
a limited liability company organized under the laws of the State of Florida
and affirm that the limited liability company has been notified in writing of the resignation.
(Signature of resigning manager, managing member or member)
(Signature of resigning manager, managing member or member)

FILING FEE IS \$25.00

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