L06000/07411

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	→ #)
PICK-UP	☐ WAIT	MAJL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer.	

Office Use Only



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CIVISION OF CORPORATIONS



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Ticket Wizards, LLC (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Lawrence J. Navarro (Contact Person) Ticket Wizards, LLC
(Firm/Company)
8362 Pines Blud #377
Pembroke Pives FC 33024 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Contact Person) at (954) 540-7308 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Tallahassee, Florida 32301

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

of State is:Ticket wizards, LLC)epartm	ent _•
2. This limited liability company was organized under the laws of:	07 SEP	SECRET
3. The Florida document/registration number of this limited liability company is: L06000 107 411	10 PM 2:	ARY OF STAT
4. I, hawrence J. Navarro, hereby resign as a Manage (Print Name of Person Resigning) (Print Mile)	2)	2 <u>160</u>
of this limited liability company and affirm the limited liability company has been noti resignation in writing.	fied of n	ny
Signature of Resigning Member Managing Member or Manager		
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)		

CR2E079 (5/06)