## L0800005031

(Req	uestor's Name)				
(Add	ress)				
(Add	ress)				
(City	/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: TTRC,LLC	
(Name of Limited I	Liability Company)
The enclosed member, managing member or man filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
RUDY MENENDEZ	
(Contact Person)	
TTRC,LLC	
(Firm/Company)	<del></del>
11852 BRUCE B. DOWNS BLVD.	
(Address)	
TAMPA, FL 33612	
(City/State and Zip Code)	
For further information concerning this matter, p	lease call:
RUDY MENENDEZ at at	813 979-1737
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	e Florida Department of State for: \$55 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: TTF	limited liability company as it	appears on the records	s of the Flo	orida Departn	nent 
2. This limited liabi	lity company was organized u	under the laws of:		12 AUG SLORET TALLAH <i>I</i>	71
	ment/registration number of t	his limited liability con	npany is:	ARY OF STA ASSEE, FLOR	LED
4. I, TONY MEI	NENDEZ ume of Person Resigning)	, hereby resign as a	MANA(	GER/MEN	/BER
of this limited liab resignation in wri	oility company and affirm the ting.	limited liability compa	ny has bee	n notified of	my
Signature of Resignature	gning Member, Managing Me	ember or Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				