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(Re	questor's Name)			
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T. HAMPTON DEC 1 7 2009 EXAMINER

COVER LETTER

_	sistration Section issued of Corporations		
2.0	ision or corporations		
SUBJECT			<u></u>
	(Name of Li	mited Liability Con	npany)
The enclose filing.	ed member, managing member of	or manager resig	nation and fee(s) are submitted for
Please retur	rn all correspondence concernin	g this matter to:	
Anabell	la Daes		
<u> </u>	(Contact Person)		-
TPS LL			_
	(Firm/Company)		
799 Brid	ckell Plaza suit 705		_
	(Address)		
Miami,	FL, 33131		_
	(City/State and Zip Code)		•
For further	information concerning this ma	tter, please call:	•
Anabell	a Daes	at (954	5881537
(1	Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed pl	lease find a check made payable \$25 Filing Fee		Department of State for: 55 Filing Fee & Certified Copy
	COURIER ADDRESS:		MAILING ADDRESS:
Registration	n Section Corporations		Registration Section
Clifton Buil	•		Division of Corporations P.O. Box 6327
2661 Execu	tive Center Circle 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: TPS	limited liability company as SINSURANCE SE	it appears on the records ERVICES LLC	of the Florida Department
2. This limited liabi	lity company was organized	under the laws of:	
3. The Florida docu L0900001	ment/registration number of 0441	this limited liability con	npany is:
_{4. I,} Ruben Br	iceno	harahy resign as a	Vice Operating Manager
(Print No	ume of Person Resigning)	, hereby resign as a	Vice Operating Manager (Print Title)
resignation in wri	pility company and affirm the ting grang Member, Managing M		ny has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		SECRETARY OF STATES OF DEC 16 AM 101

CR2E079 (5/06)