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LECRETARY OF STATE
ALL AHASSEF, FLORID.





COVER LETTER

TO: Registration Section Division of Corporations		
Division of Corporations		
SUBJECT: TICORP DESARROLLOS LLC		
(Name of Limited	d Liability Com	pany)
The enclosed member, resignation or dissociati	on and fee(s)	are submitted for filing.
Please return all correspondence concerning this	s matter to:	
Doug Cox		
(Contact Person)	<u>-</u>	
(Firm/Company)		
1172 S Dixie Highway, Suite 396		
(Address)		
Coral Gables, FL 33146		
(City/State and Zip Code)		•
For further information concerning this matter,	please call:	
Nicole	305	905-1518
(Name of Contact Person)		& Daytime Telephone Number)
Enclosed please find a check made payable to t ☐ \$25 Filing Fee		epartment of State for: Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations		Division of Corporations P.O. Box 6327
Clifton Building 2661 Executive Center Circle		Tallahassee, Florida 32314
Tallahassee, Florida 32301		Tananassee, Tiorna 52514

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

	the limited liability company as it appears on the records of the F	lorida Department
2. The Florida do	document/registration number assigned to this limited liability cor	npany is:
4. I, Douglas C	member/manager withdrew/resigned or will withdraw/resign is: Cox	
Manager of this limited resignation in	(Print Title) I liability company and affirm the limited liability company has be	18FEB -3 PM 3: 46 GCRETARY OF STATE TABLAHASSEE, FLORID en
Filing Fee	\$25.00 (Required)	ATE RIDA

Certified Copy: \$30.00 (Optional)