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(Re	questor's Name) •				
(Ad	dress)				
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(Cit	y/State/Zip/Phone	· • #)			
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(Business Entity Name)					
(Document Number)					
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SECRETARY OF STATE TALLAHASSEE. FLORIDA

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T. CLINE

JUL - 9 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TMC JYOT LLC (Name of Limited Liability Company)	
The enclosed member, managing member or manager resignation and fee(s) are submitted filing.	for
Please return all correspondence concerning this matter to:	
JAYANTIBHAI M. PATEL (Contact Person)	
THU TYOT LLC (Firm/Company) ALCOMP	2818 JUI
409 HELVENSTON STREET LE (Address)	-8 PH
LIVE OAK FLORINA 22.064 (City/State and Zip Code)	至 10
For further information concerning this matter, please call:	
(Name of Contact Person) at (G17) 673 - 7531. (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 Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company a	as it appears on the records	of the Florida Depa	rtment
2. This limited liab	ility company was organize	ed under the laws of:	,	•
FLOR	STATE Add	•		
3. The Florida doci	ument/registration number	of this limited liability com	pany is:	
	0026029			
	The state of the s			•
4. I, PUNAM	PATEL	, hereby resign as a _		
(Print N	Tame of Person Resigning)	,	(Print Title)	
of this limited lial resignation in wr		the limited liability compan	y has been notified	of my
Rynem	Parte			
Signature of Resi	gning Member, Managing	Member or Manager	TALL	545 645 645
			AR	= ->
Filing Fee:	\$25.00 (Required)		ASS	Marie 1
Certified Copy:	\$30.00 (Optional)		SEE XX	00
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