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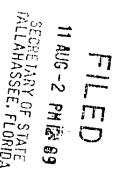
	(Re	questor's Name)	<u> </u>
 	(Ad	dress)	
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	(Cit	y/State/Zip/Phone	e #)
	PICK-UP	☐ WAIT	MAIL
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Certified Cop	oies	_ Certificates	s of Status
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D. BRUCE

AUG 0 3 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: TICON 3906, LLC (Name of Limited Liability Co	omnany)		
The enclosed member, managing member or manager resigning.	•	or	
Please return all correspondence concerning this matter to	:		
TAMMY PEREZ	_		
(Contact Person)			
TABADESA ASSOCIATES			
(lFirm/Company)	SE TAL	=	
7005 W 17TH CT		AUG	
(Address)	- SSE XXX	2	
HIALEAH, FL 33014	OF S:	₹	
(City/State and Zip Code)	TATE DRIC	69	***************************************
For further information concerning this matter, please call	: A	•	
TAMMY PEREZ at (786	541-8043		
(Name of Contact Person) (Area Cod	e & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida \$25 Filing Fee	Department of State for: \$55 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 P.O. Box 6327 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 th	ne limited liability company as i	t appears on the records	s of the Florida D	epartmen	t	
of State is: 11	CON 3906, LLC			·		
	•					
2. This limited lize FLORIDA	ability company was organized t	under the laws of:				
3. The Florida do L1000006	cument/registration number of t	this limited liability cor	npany is:			
4. I, FLOREN	CIA WOLODARSKY Name of Person Resigning)	, hereby resign as a	MANAGER			
(Print	Name of Person Resigning)	•	(Print Title,)		
	iability company and affirm the	limited liability compa	ny has been notif	ied of my	′	
resignation in v	riting.			Z's	<u></u>	
	eclaishe		. •	₹ 200	<u>=</u>	
				AS S	ক্র	_
Signature of Re	esigning Member, Managing Me	ember or Manager		3SE YRY	2	F
				E CF	مَّتِ	Γ
Filing Fee:	\$25.00 (Required)			FLO.	<u> </u>	C

Certified Copy: