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(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
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K.SALY EXAMINER DEC 20 2013

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: TOP TACTICAL SOLUTIONS, LLC.

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

ROBERTO L CARIELLO			
(Contact Person)			
(Firm/Company)			
2785 NW 82ND AVE			
(Address)			
DORAL FL 33122			
(City/State and Zip Code)			

For further information concerning this matter, please call:

ROBERTO CARIELLO at (305) 796-8033

(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

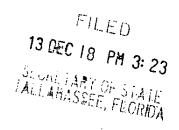
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

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

		it appears on the records of the Florida Department
of State is: TO	P TACTICAL SOLUTION	DNS, LLC.
2. This limited liab	oility company was organized	under the laws of:
FLORIDA		
		
		this limited liability company is:
L13000136	864	<u></u> .
MOUELL		
4. I, MIGUEL LLUBERES		, hereby resign as a MGRM
(Print Name of Person Resigning)		(Print Title)
of this limited lia resignation in wr	-	e limited liability company has been notified of my
wf. Aller	1 0	
Signature of Res	igning Member, Managing M	ember or Manager
Filing Fee:	\$25.00 (Required)	
Certified Conv.	\$30.00 (Ontional)	