

L14 000012542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

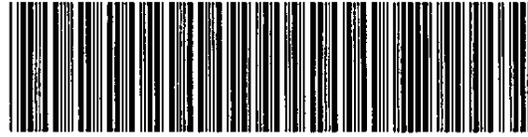
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TITSCH & KO ARCHITECTS LLC.  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

JAMES D TITSCH  
(Contact Person)

TITSCH & KO ARCHITECTS LLC.  
(Firm/Company)

5098 WESTMINSTER DR  
(Address)

FORT MYERS, FL 33919  
(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES D TITSCH at (239) 823 7250  
(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

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

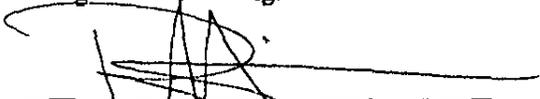
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: TITSCH & KO ARCHITECTS LLC.

2. The Florida document/registration number of this limited liability company is:  
LL4000012542

3. The date this member withdrew or will withdraw is: 2-12-2014

4. I, Richard Miner, hereby resign as a AMBR  
*(Print Name of Person Resigning)* *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Resigning or Dissociating Manager, Member

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA