## L15000053788

(Re	questor's Name)			
(Address)				
(Address)				
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PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
Certified Copies	_ Certificate	s of Status		
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Reo/mbr (104.28.15

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: T3K LABS LLC		
(Name of Limit	ted Liability Company)	
The enclosed member, resignation or dissocia	tion and fee(s) are submitted for filing.	
Please return all correspondence concerning the	his matter to:	
FRANK GONZALEZ		
(Contact Person)		
T3K LABS LLC		
(Firm/Company)		
631 SW 23RD ROAD		
(Address)		
MIAMI, FL 33129		
(City/State and Zip Code)	<del></del>	
For further information concerning this matter	r, please call:	
FRANK GONZALEZ	305 854-2222	
(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  \$Certified Copy		
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	

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)

	limited liability company as i	t appears on the records of the Florida Department
2. The Florida docu L1500005378	-	rigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resig	gned or will withdraw/resign is:
4. I, PATRICIA ROSAS-GUYON		
(Print N VP	ame of Person Resigning)	
	(Print Title)	
of this limited lia resignation in wr		limited liability company has been notified of my
Signature of Di	ssociating Member or Resign	ing Manager
	C	
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	