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SECRETARY OF STATE

TALLAHASSEE FLOORING

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COVER LETTER

Division of Corporations **3V GROUP LLC** SUBJECT: (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: **EMILIO LOPEZ** (Contact Person) TICORP, LLC (Firm/Company) 2650 SW 27 AVE #100 (Address) Miami, FL 33133 (City/State and Zip Code) For further information concerning this matter, please call: Emilio Lopez (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: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301

TO:

Registration Section



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	• •	ds of the Florida Department
2. The Florida doc L1500007402	ument/registration number as	ssigned to this limited li	iability company is:
3. The date this me	ember/manager withdrew/res	igned or will withdraw/	resign is:
4. I, Reinaldo Palacios (Print Name of Person Resigning)			
Manager	, , , ,		
	(Print Title)		
of this limited lia resignation in w	ibility company and affirm the riting.	e limited liability comp	pany has been notified of my
Signature of D	issociating Member or Resig	ning Manager	
	\$25.00 (Required) \$30.00 (Optional)		126 PH 3: 42 ARY OF STATE ASSEEL FLORIDA