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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: The Ticktin Law Group, PLLC

(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:

Peter Ticktin

(Contact Person)

The Ticktin Law Group

(Firm/Company)

270 SW Natura Avenue

(Address)

Deerfield Beach, Fl 334441

(City/State and Zip Code)

For further information concerning this matter, please call:

 Debra Ticktin
 at (954
 570-6757

 (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:

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 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGERER FLORIDA OR FOREIGN LIMITED LIABILITY COMPA (Pursuant to 605.0216, Florida Statutes)

- 1. The name of the limited liability company as it appears on the records of the Florida Department The Ticktin Law Group, PLLC of State is:
- 2. The Florida document/registration number assigned to this limited liability company is: L1600001322

3. The date this member/manager withdrew/resigned or will withdraw/resign is: ______

Hillel L. Presser _____. hereby withdraw/resign as a 4. I. _

(Print Name of Person Resigning)

Manager

(Print Title)

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

Signature of Dissociating Member or Resigning Manager

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