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COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: T. T. P. THE GREEK HO	OUSE LLC
SUBJECT: (Name of	Limited Liability Company)
The enclosed member, resignation or dis-	sociation and fee(s) are submitted for filing.
Please return all correspondence concern	ing this matter to:
Pedro Badillo	
(Contact Person)	_
(Firm/Company)	
15051 Archervale Street	
(Address)	_,
Davie, FL 33331	
(City/State and Zip Code)	
For further information concerning this n	natter, please call:
Pedro Badillo	305 720 - 5665
(Name of Contact Person)	at ()
Enclosed please find a check made payabase \$25 Filing Fee	ble to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section 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)

1. The name of the	limited liability company as	s it appears on the records of th	ne Florida Department
of State is: T. T	. P. THE GREEK HOUSE	ELLC	
2. The Florida docu L1700024437	ū	ssigned to this limited liability	company is:
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign	is:
4. I. Pedro Badillo, hereby withdraw/resign as a			
(Print N	'ame of Person Resigning)	<u> </u>	
Title Authoriz			
 	(Print Title)		
of this limited lia resignation in wr		he limited liability company ha	s been notified of my
	2/10		F JA SLOKE IALLAN
Signature of Di	issociating Member or Resig	gning Manager	Allyssee.
Filing Fee:	\$25.00 (Required)		
_	\$30.00 (Optional)		SEE 2