L190000002875

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



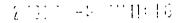
600354614376

11/04/20--01010--023 **55.00

R. WHITE 020 1 2 200

COVER LETTER

TO:	<u> </u>		
	Division of Corporations		
SUBJ	JECT:	5 11 11 12 0	
	(Name of Lir	nited Liability Co	ompany)
The e	nclosed member, resignation or dissoc	ciation and fee	(s) are submitted for filing.
Please	e return all correspondence concerning	g this matter to	:
James	John Pitenis		
	(Contact Person)		_
TTK,	LLC		
	(Firm/Company)		_
2828 N	N. Atlantic Ave, Suite 806		
-	(Address)		
Dayto	na Beach, FL 32118		
	(City/State and Zip Code)		
For fi	urther information concerning this mat	ter, please cal	l:
James	John Pitenis	386 at (677-2733
	(Name of Contact Person)		le & Daytime Telephone Number)
Enclo	sed please find a check made payable	to the Florida	Department of State for:
□ \$2	5 Filing Fee	■ \$55 Filir	ng Fee & Certified Copy
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
			Tallahassee, FL 32303





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 a	s it appears on the records of the Florida Department
2. The Florida doct	ument/registration number a	assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/re	signed or will withdraw/resign is:
James John Pitenis 4. I.		, hereby withdraw/resign as a
	Jame of Person Resigning)	ticleby withdraw/resign as a
20% Owner/MGF	1	
	(Print Title)	
of this limited lia resignation in wr		he limited liability company has been notified of my
Signature of D	issociating Member or Resi	gning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	