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



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COVER LETTER

Division of Corporations	
PPS TMT LLC SUBJECT:	
	Liability Company)
The enclosed member, resignation or dissociation	on and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
Kevin Waissmann - 305 733 6078	
(Contact Person)	
(Firm/Company)	. .
(Address)	
(City/State and Zip Code)	
For further information concerning this matter, p	blease call:
ALEJANDRO BRITO	305 6144071
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to th \$\Bar{\Bar{\Bar{\Bar{\Bar{\Bar{\Bar{	e Florida Department of State for: \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

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	• •	of the Florida Department
2. The Florida doc L21000111501	ument/registration number as:	signed to this limited liab	ility company is:
Tango Manage	ember/manager withdrew/resi ment Services LLC lame of Person Resigning)	gned or will withdraw/res	
Manager	(Print Title)		
of this limited lia resignation in wr	bility company and affirm the iting.	e limited liability compan	y has been notified of my
Signature of D	issociating Member or Resign	ning Manager	- D
Filing Fee: Certified Conv	\$25.00 (Required) \$30.00 (Ontional)		73 33