(R	equestor's Name)			
(A	ddress)			
(A	ddress)			
(C	ity/State/Zip/Phone #	<del>/)</del>		
PICK-UP	WAIT	MAIL		
(B	usiness Entity Name	)		
(Document Number)				
Certified Copies	Certificates o	of Status		
Special Instructions to Filing Officer:				

Office Use Only

G. MCLEOD

MAY 18 2012

EXAMINE 7



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05/15/12--01003--031 \*\*25.00

## **COVER LETTER**

TO: Registration Section	
Division of Corporations	
SUBJECT: TUY, LLC	
BCDSEC1:	Liability Company)
The enclosed member, managing member or marfiling.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
Benigno Bouzas	
(Contact Person)	
•	
(Firm/Company)	
	•
35 West Pine Street, Unit 224	
(Address)	
0   1   5   00004	
Orlando, FL 32801	
(City/State and Zip Code)	
For further information concerning this matter, p	olease call:
Benigno Bouzas at	<sub>(</sub> 631 <sub>)</sub> 338-6573
	(Area Code & Daytime Telephone Number)
,	
Enclosed please find a check made payable to the	
\$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
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

of State is: TUY		it appears on the records of the	Florida Dep	artme	nt .·
2. This limited liabi	lity company was organized	under the laws of:			
3. The Florida docu	_	this limited liability company is	s:		
4. I, Albino Ramirez  (Print Name of Person Resigning)  of this limited liability company and affirm the lin			(Print Title)		
resignation in writ		e filinted hability company has t	geen notified	101111	, y
Signature of Resig	gning Member, Mahaging M	lember or Manager		12 H	* 945th
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			12 MAY 15 A	