

109 000018859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

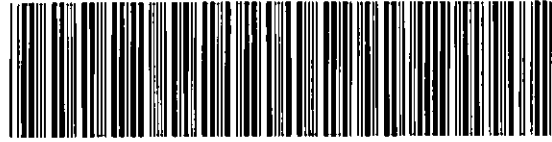
(Business Entity Name)

(Document Number)

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C. GOLDEN

MAR 11 2020

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TORDA INTERNATIONAL, LLC.  
\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** 1.09000018859  
\_\_\_\_\_

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

GARY I. HANDIN, ESQ.

\_\_\_\_\_  
Name of Person

GARY I. HANDIN, P.A.

\_\_\_\_\_  
Name of Firm/Company

3111 UNIVERSITY DRIVE-SUITE 605

\_\_\_\_\_  
Address

CORAL SPRINGS, FLORIDA 33065

\_\_\_\_\_  
City/State and Zip Code

SVEN@BARTELSDOORS.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GARY I. HANDIN, P.A.

954

796-9600

\_\_\_\_\_  
Name of Person

at ( \_\_\_\_\_ )

Area Code

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**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  
Tallahassee, FL 32303

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

STEFAN L. EBERT

, hereby resigns as

\_\_\_\_\_  
Name of Registered Agent

TORDA INTERNATIONAL, L.L.C.

Registered Agent for \_\_\_\_\_

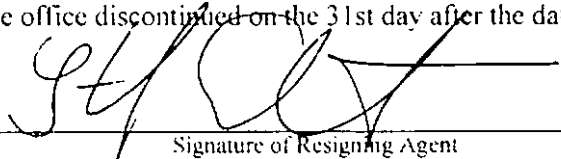
\_\_\_\_\_  
Name of Limited Liability Company

L09000018859

\_\_\_\_\_  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

2020 FEB 13 PM 12:07

**FILING FEES:**

- \$ 85.00 Active limited liability company
- \$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

**Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**