

A32285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

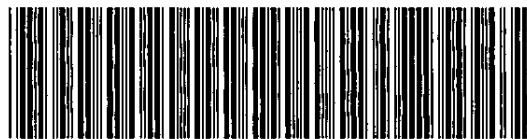
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

NOV 27 2013

CLINE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TORREMOLINOS ASSOCIATES, LTD

Name of Limited Liability Company

DOCUMENT NUMBER: A32285

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:

SUZANNE A DOCKERTY

Name of Person

SUZANNE A DOCKERTY PA

Name of Firm/Company

110 MERRICK WAY, STE 3-B

Address

CORAL GABLES, FL 33134

City/State and Zip Code

SD@DOCKERTYLAW.COM

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

For further information concerning this matter, please call:

SUZANNE DOCKERTY at (305) 443-9162 X20

Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FL 32301

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

SUZANNE A. DOCKERTY

_____, hereby resigns as
Name of Registered Agent

Registered Agent for **TORREMOLINOS ASSOCIATES, LTD.**

Name of Limited Liability Company

A32285

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:

Suzanne A. Dockerty PA

Typed or Printed Name
President

Capacity

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SECRETARY OF STATE
TALLAHASSEE, FL 32314
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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