## PTIBlocoCal

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

Office Use Only

G. MCLEOD

AUG - 6 2012

**EXAMINER** 



700238080777

08/03/12--01009--015 \*\*25.00

12 AUG - 3 PM 1: 14



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company	as it appears on the records of the Florida Department
_	ility company was organiz	
	ument/registration number	of this limited liability company is:
of this limited lia resignation in wr	bility company and affirm iting.	, hereby resign as a MANAGING MEMBER, PST.  (Print Title)  the limited liability company has been notified of my
Signature of Res	igning Member, Managing	-Member or Manager
	\$25.00 (Required) \$30.00 (Optional)	12 AUG - 3 PH I

CR2E079 (5/06)

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Torrio (Name of L	LLC Limited Liability Company)
The enclosed member, managing member filing.	or manager resignation and fee(s) are submitted for
Please return all correspondence concerning	ng this matter to:
H.R. Yturriag (Contact Person)	<u>ia</u>
(Firm/Company)	
PO. Box 5236 (Address)	
Timpa Fl. 33 (City/State and Zip Code)	?6>5
For further information concerning this ma	
(Name of Contact Person)	at (813) 690-1533 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payabl  \$25 Filing Fee	\$55 Filing Fee & S
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 323 15

CR2E079 (5/06)