## 16500038167

(Re	questor's Name)			
EDVARDO LOWENSOHN 93BI E BAY HARBOX DR #204-N MIAMI FL. 3315Y [Address]				
(City/State/Zip/Phone #)				
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(Document Number)				
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**EXAMINER** 



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ALLAHAMEE FLORING

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: TOR TOWER IT 320 LLC (Name of Limited Liability Company)	
The enclosed member, managing member or manager resignation and fee(s) are submitted filing.	l for
Please return all correspondence concerning this matter to:	
EDUARDO LOWENSOHN (Contact Person)	
TDA TOWER IT 320 LLC (Firm/Company)	
9381 E BAY HARBON # 204N (Address)	
MIAMI FL. 33154 (City/State and Zip Code)	
For further information concerning this matter, please call:	
EDUARDO LOCUENSOHN at (786) 683 22 74  (Name of Contact Person) (Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee \$  Certified Copy	
STREET/COURIER ADDRESS: MAILING ADDRESS:	
Registration Section Registration Section	
Division of Corporations  Clifton Building  Division of Corporations  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

	limited liability company as		-
	oility company was organized		
	ument/registration number o		pany is:
	bility company and affirm th		(Print Title)  y has been notified of my
Signature of Res	igning Member, Managing N	Member or Manager	
_	\$25.00 (Required) \$30.00 (Optional)		10 AUG 24 PH (

CR2E079 (5/06)