

08/25/2017

12:12 PM EDT

TO: 10508176286, FROM: 13054283206

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Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : LEVINE & PARTNERS, P.A.  
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
TOGMIAMI, LLC

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TALLAHASSEE, FLORIDA

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S. WARREN

AUG 28 2017

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: TOGMiami, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L07000016539

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/01/2016

4. I, Integrated Equities, Inc., hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Member*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
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