

H070000/6539

Florida Department of State
Division of Corporations
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Fax Number : (850)617-6383

From: Account Name : LEVINE & PARTNERS, P.A.
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Phone : (305)372-1350
Fax Number : (305)372-1352

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT RESIGNATION
TOGMIAMI, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$85.00

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TO:18506176383

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Page: 1

- Fax Transmission

To: FL SOS

From: Levine & Partners P.A

Fax: 18506176383

Date: 9/24/2018

RE: TOGMIAMI, LLC

Pages: 3

Comments:

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

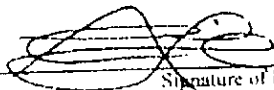
Alan W. Levine, hereby resigns as
Name of Registered Agent

Registered Agent for TOGMiami, LLC
Name of Limited Liability Company

L07000016539
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

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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withdrawn limited liability company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

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