

119 000018859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

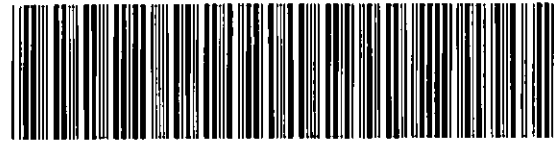
(Business Entity Name)

(Document Number)

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C. GOLDEN

MAR 11 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TORDA INTERNATIONAL, LLC.

Name of Limited Liability Company
DOCUMENT NUMBER: 1.09000018859

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:

GARY I. HANDIN, ESQ.

Name of Person

GARY I. HANDIN, P.A.

Name of Firm/Company

3111 UNIVERSITY DRIVE-SUITE 605

Address

CORAL SPRINGS, FLORIDA 33065

City/State and Zip Code

SVEN@BARTELSDOORS.COM

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

For further information concerning this matter, please call:

GARY I. HANDIN, P.A. 954 796-9600

Name of Person at () 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

STEFAN L. EBERT

, hereby resigns as

Name of Registered Agent

TORDA INTERNATIONAL, L.L.C.

Registered Agent for

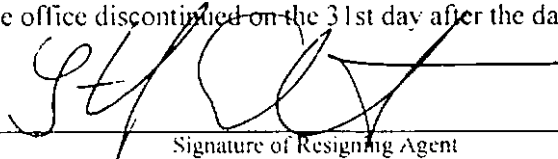
Name of Limited Liability Company

1.09000018859

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

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

2020 FEB 13 PM 12:07

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