## 1120000 82962

(Requesto	or's Name)	
(Address)		
(Address)		
(City/Stat	e/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		





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DM Reign.

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
Division of Corporations	
SUBJECT: TORGAR GROUP LLC	
(Name of Limi	ted Liability Company)
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to:
Nilda A. Reyes	
(Contact Person)	
(Firm/Company)	
2701 S.W. 96 Avenue	
(Address)	
Miami, FL 33165	
(City/State and Zip Code)	
For further information concerning this matte	r, please call:
Nilda A. Reyes	305 213-5004
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to ☐ \$25 Filing Fee	the Florida Department of State for:  \$\frac{13}{2}\$\$ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations P.O. Box 6327
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	rananassee, monda 52514

CR2E079 (2/14)



## 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	s it appears on the records of the Florida Department
of State is:	RGAR GROUP LLC	
2. The Florida doc L1200008296	<b>-</b>	ssigned to this limited liability company is:
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign is: 11 - 7 - 18
4. 1, NILDA A. REYES  (Print Name of Person Resigning)		hereby withdraw/resign as a
(Print N	ame of Person Resigning)	. Nereo, william veriginas a
SECRETARY	,	
	(Print Title)	
of this limited lia resignation in wr		ne limited liability company has been notified of my
nue	~ a. reger	
Signature of Di	ssociating Member or Resig	ning Manager
_	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	