

L13000151131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

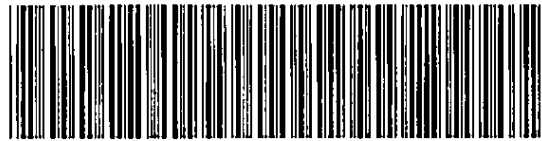
(Business Entity Name)

(Document Number)

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JUL 28 2021  
TALLAHASSEE, FL

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TORI 7 LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L13000151131

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:

SHYAM SHANKAR  
Name of Person

/  
Name of Firm/Company

1040 BISCAYNE BLVD #1403  
Address

MIAMI FL 33132  
City/State and Zip Code

shyam7shankar@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHYAM SHANKAR at (646) 259-1796  
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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2021 JUN 28 AM 11:31  
TALLAHASSEE, FL

**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: TORI 7 LLC

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

L13000151131

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 6/21/21

4. I, MARTA CARRARO, hereby withdraw/resign as a  
(Print Name of Person Resigning)

TITLE MANAGER  
(Print Title)

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

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)