

L14000170411

Florida Department of State
Division of Corporations
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To: Division of Corporations
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From: Account Name : MORRIS A. LECOMPTE, P.A.
Account Number : 072100000451
Phone : (727) 896-1000
Fax Number : (727) 896-1009

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

Email Address: MLECOMPTE@MALPA.net

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DEL TORO INFORMATION SERVICES, LLC**

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Del Toro Information Services, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Morris A. LeCompte

Name of Person

Morris A. LeCompte, P.A.

Firm/Company

5245 Central Avenue

Address

St. Petersburg, FL 33710

City/State and Zip Code

MLecompte@MALPA.net

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

For further information concerning this matter, please call:

Morris A. LeCompte

Name of Person

at (727)

Area Code

896-1000

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

CR2E141 (2/14)

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STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

FIRST: The name of the limited liability company is: Del Toro Information Services, LLC

SECOND: The Florida Document number of the limited liability company is: L14000170411

THIRD: The date of filing of the initial articles of organization is: 10/31/2014

FOURTH: The date of filing of the dissolution is: 8/06/2018

FIFTH: This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.

Elliott Victor Lofton
Signature of Authorized Representative

Elliott V. Lofton, Member/Manager
Typed or printed name of signature

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Filing Fee: \$25.00
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