

L15000030020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

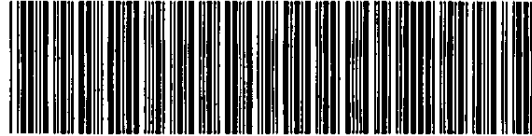
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 APR 18 PM 3:50

M. MILLIGAN

APR 24 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Tross International LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L15000030020

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:

Diane Nobile

Name of Person

Nobile Law Firm

Name of Firm/Company

201 South Biscayne Blvd Suite 2650

Address

Miami, Florida 33131

City/State and Zip Code

diane@dnobilelaw.com

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

For further information concerning this matter, please call:

Corey Narson

Name of Person

at (

305

Area Code

577-8911

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Nobile Law Firm P.A.

, hereby resigns as

Name of Registered Agent

Registered Agent for Tross International LLC

Name of Limited Liability Company

L15000030020

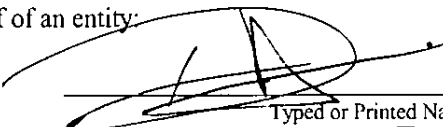
Document Number, if known

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

- Diane Nobile

Capacity

President

## **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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SECRETARY OF STATE