# LITOURIOUSE

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SECRETARY OF STATE

### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Torrange Enterprises (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Pedro Serrarro (Contact Person)
(Firm/Company)
2603 Sandy In.
Orlando FL: 32818 (City/State and Zip Code)
For further information concerning this matter, please call:
FVelyn Toyres at (787) 436 - 1503 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  2 \$25 Filing Fee
STREET/COURIER ADDRESS: MAILING ADDRESS:

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

CR2E079 (2/14)

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



## 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 it appears on the records of the Florida Department
of State is:	orranos Enterprises
2. The Florida docu	ment/registration number assigned to this limited liability company is:
11700	0010668
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: $10-24-201$
4. I. Evelyr Print No.	hereby withdraw/resign as a ame of Person Resigning)
	Print Jules FEE 3
of this limited liab	pility company and affirm the limited liability company has been notified by
resignation in wri	SSE SSE
Signature of Dis	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)