L17000193273

| | questor's Name) | |
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| (City | /State/Zip/Phone | · #) |
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| PICK-UP | MAIT | MAIL |
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| Certified Copies | Certificates | of Status |
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| Special Instructions to F | Filing Officer: | |
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COVER LETTER

| TO: Registration Section Division of Corporations | • • | |
|--|-------------------------------|---|
| SUBJECT: Torc Logic, LLC | | |
| Name of Limited Liability | Company | |
| DOCUMENT NUMBER: L17000193273 | | |
| The enclosed Resignation of Registered Agent for a Limited for filing. | Liability Company and fee are | submitted |
| Please return all correspondence concerning this matter to the | ne following: | |
| United States Corporation Agents, Inc. | | |
| Name of Person | | |
| Legalzoom.com, Inc. | | |
| Name of Firm/Company | | |
| 101 North Brand Blvd. 11th Floor | | |
| Address | | |
| Glendale, CA 91203 | | |
| City/State and Zip Code | | |
| raresignations@legalzoom.com | | 20 03 20 03 |
| E-mail address: (to be used for future annual report notification) | | 000 |
| For further information concerning this matter, please call: | | - 1 |
| at (| 773-0888 | 6 0 3 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 |
| Name of Person Area Code | Daytime Telephone Number | 9: 28 |

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision | ons of section 605.0115, Florida Statutes, the unders | igned, |
|---|---|---|
| United States Corp | poration Agents, Inc. | hanshu manisus un |
| Name of Registered Agent . hereby resigns a | | leteby resigns as |
| Registered Agent for | orc Logic, LLC | |
| | Name of Limited Liability Company | · · · · · · · · · · · · · · · · · · · |
| L17000193273 | | |
| Document N | umber, if known | |
| A copy of this resignati | on was mailed to the above listed limited liability co | ompany at its last known address. |
| The agency is terminate | ed and the office discontinued on the 31st day after the signature of Resigning Agent | he date on which this statement is filed. |
| If signing on behalf of an entity: | | 0 12 |
| | Cheyenne Moseley | 3 32 |
| | Typed or Printed Name | |
| | Asst. Secretary for United States Corporation Agen | ts, Inc. |
| | Capacity | 9: 28 |

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

. . . .