

L18000268788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

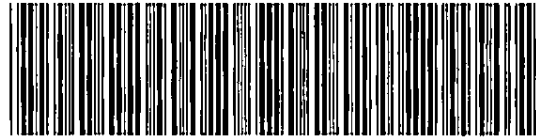
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2020 SEP 28 AM 10:31  
SECRETARY OF STATE  
TALLAHASSEE, FL

TG 10/31/20

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TICOL PROPERTY INVESTMENTS LLC  
Name of Limited Liability Company  
L18000268788

**DOCUMENT NUMBER:** \_\_\_\_\_

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:

SONIA LOPEZ  
Name of Person

TICOL PROPERTY INVESTMENTS LLC  
Name of Firm/Company

4808 DUNQUIN PL  
Address

TAMPA, FL 33610  
City/State and Zip Code

SONIALOPEZ60@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SONIA LOPEZ at ( 813 ) 368-5463  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

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

MARVIN ZUMBADO

Name of Registered Agent

hereby resigns as

Registered Agent for TICOL PROPERTY INVESTMENTS LLC

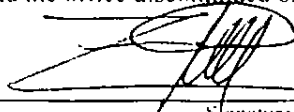
Name of Limited Liability Company

L18000268788

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:

MARVIN Zumbado

Typed or Printed Name

Resigning Agent, individual

Capacity

FILED  
2020 SEP 28 AM 10:31  
CLERK OF STATE  
TALLAHASSEE, FL

### 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