

L19000237785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

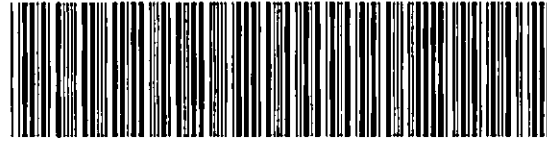
(Document Number)

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

Special Instructions to Filing Officer:

Wrong Brm

Office Use Only



500353752995

10/19/20--01010--003 \*\*35.00

FILED  
2020 DEC 28 AM 9:09  
ST. JOHNS COUNTY  
TALLAHASSEE, FL

O SIMMONS

JAN 13 2021



27735 11 23 2020 3:55  
FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 23, 2020

RAPHAEL NAGLI  
226 NW 3RD AVE  
HALLANDALE, FL 33009

SUBJECT: TIMAX INTERNATIONAL, L.L.C.  
Ref. Number: L19000237785

We have received your document for TIMAX INTERNATIONAL, L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 620A00023550

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

SUBJECT: Timax International, L.L.C.  
(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:

Raphael Nagli  
(Contact Person)

(Firm/Company)

226 NW 3rd Ave  
(Address)

Hallandale, FL 33009  
(City/State and Zip Code)

For further information concerning this matter, please call:

Darry Ingraham Esq at (305) 776-0687  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy

#35.00 Previously Paid

**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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED  
2020 DEC 28 AM 9:09  
REGISTRATION STATE  
TALLAHASSEE, FL

**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: Timax International L.L.C.

2. The Florida document/registration number assigned to this limited liability company is:

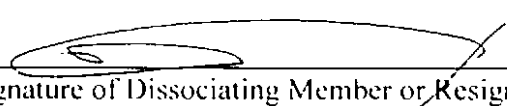
L19000237785

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 3/1/2020

4. 1. Raphael Nagli, hereby withdraw/resign as a  
(Print Name of Person Resigning)

AMBR  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my  
resignation in writing.

  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

*Previously paid \$25.00*