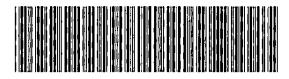


(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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COVER LETTER

IRON TRANSFORMATION, LLC	
SUBJECT: Name of Limited Liability	Company
DOCUMENT NUMBER:	
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:
ORLANDO GORDILLO	
Name of Person	
IRON TRANSFORMATION, LLC	
Name of Firm/Company	
4721 CREST HILL DR	
Address	
TAMPA, FL 33615	
City/State and Zip Code	
irontransformation@gmail.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
ORLANDO GORDILLO Name of Person Area Code	869-2392)

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations

TO:

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



February 17, 2020

ORLANDO GORDILLO 4721 CREST HILL DRIVE TAMPA, FL 33615

SUBJECT: IRON TRANSFORMATION, LLC

Ref. Number: W20000016382

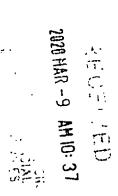
We have received your document for IRON TRANSFORMATION, LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records show no entity by this name.

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.

Claretha Golden Regulatory Specialist II Letter Number: 320A00003489



STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 605.0115, Florida Stat	tutes, the undersigned.	
ORLANDO GORDILLO		, hereby resigns as	
Name of Registered Agent			
Registered Agent for	ON TRANSFORMATION, LLC		
	Name of Limited Liability Co	ompany	·
L 3000	LPKITCK		
Document Nur			
A copy of this resignatio	n was mailed to the above listed lii	mited liability company at its last kr	own address.
The agency is terminated	and the office discontinued on the	231st day after the date on which th	is statement is filed
The agency is terminated	o // (. 5 for day after the date on which th	is statement is med.
	1 Orago	esigning Agent	
	,	esigning Agoni	202
If signing on behalf of an entity:			2026 Find
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	Typed or Printed Y	Vame	Ç
	Capacity		<u>P</u>
	Сарасцу		= =
			42
	FILING FEES: \$ 85.00 Active limit \$ 25.00 Administrate withdrawn	ted liability company tively dissolved/ voluntarily dissolv limited liability company	/ed/

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