

98254

2020 APR 23 AM 8:14

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5/5/20

# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TURAN ALASH LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L20000098254

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:

MICHAEL TIMOSHKIN

Name of Person

TURAN ALASH LLC

Name of Firm/Company

645 STAFFORD TER APT 158

Address

ALTAMONTE SPRINGS FL 32714

City/State and Zip Code

SLEMLUCK@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL TIMOSHKIN

Name of Person

at (

786

)

512 0437

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

MICHAEL TIMOSHKIN

, hereby resigns as

Name of Registered Agent

Registered Agent for TURAN ALASH LLC

Name of Limited Liability Company

L20000098254

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:

Typed or Printed Name

Capacity

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## **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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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