

PO1000051748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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09/29/15--01021--026 **10.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 SEP 24 AM 11:23

SEP 30 2015

T CANNON

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TORRESCAPE CORPORATION
(Name of Corporation)

DOCUMENT NUMBER: FEL: 59-3724490

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SAMANTHA TORRES
(Name of Person)

TORRESCAPE CORPORATION
(Name of Firm/Company)

1100 LAKE SHADOW CIR
(Address)

MAITILAND FL, 32751
(City/State and Zip Code)

For further information concerning this matter, please call:

SAMANTHA TORRES at (407) 921-9893
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 6, 2015

SAMANTHA TORRES
TORRESCAPE CORPORATION
1100 LAKE SHADOW CIRCLE #2201
MAITLAND, FL 32751 US

SUBJECT: TORRESCAPE CORPORATION
Ref. Number: P01000051748

We have received your document for TORRESCAPE CORPORATION and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

There is a balance due of \$10.00.

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.

Tina D Cannon
Regulatory Specialist II

Letter Number: 515A00016599

RECEIVED
15 SEP 2015 PM 1:33

**OFFICER / DIRECTOR RESIGNATION FILED
FOR A CORPORATION** SECRETARY OF STATE
TALLAHASSEE, FLORIDA

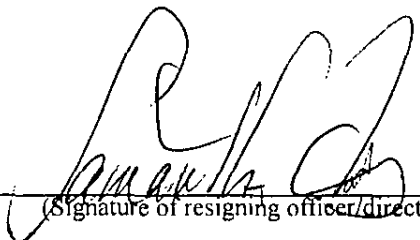
15 SEP 24 AM 11:23

I, SAMANTHA TORRES hereby resign as OFFICER OF THE CORPORATION
(Title)

of TORRESCATE CORPORATION
(Name of Corporation)

PO1000051748, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314