P05000124708

(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:

Office Use Only



100340899521

02/24/20--01032--025 ••245.00

THE TOTAL STATE OF CORPORATION AS CHARLES OF CORPORATION AS CORPOR



COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: TOBMOTO Enterprises Inc. (Name of Corporation)
DOCUMENT NUMBER: PO 5000 124708
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Christopher Torma (Name of Person)
(Name of Firm/Company)
129 SE 320 AUE (Address)
Pompani Beach FL 33060 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Person) at (630) 373-3482 (Area Code & Daytime Telephone Number)
Englaced is a shoot made payable to the Elegida Department of State for \$27.50 for an active corr

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned, Jay Lake (Name of Registered Agent)	
hereby resigns as Registered Agent for TORMOTO Enterprises Indiana (Name of Corporation)	C
P05000 124708 (Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation 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)	S Table

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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

(Capacity)