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(Red	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone	2 #)
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SEGNETATION OF STATE
TALL AHASSEF, FIRRID

COVER LETTER

Division of Corporations
SUBJECT: R TWO Sense LLC (Name of Corporation)
DOCUMENT NUMBER:
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
LARRY MOSKOVITZ (Name of Person)
MOSKOWIN & DENUIS, LLC (Name of Firm/Company)
3111 Stikling RD C-303
Fort Landerdale Ff 33312 (City/State and Zip Code)
For further information concerning this matter, please call: Lavy MOS kowh at (959) 963-9/9/ (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

Amendment Section

TO:

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314



April 6, 2006

LARRY MOSKOWITZ MOSKOWITZ & DENNIS, LLC 3111 STIRLING RD C-303 FORT LAUDERDALE, FL 33312

SUBJECT: R TWO SENSE, LLC Ref. Number: L00000009948

We have received your document for R TWO SENSE, LLC 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 corporation, but your entity is an LLC. Please find enclosed the proper form for your LLC.

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) 245-6958.

Lee Rivers Document Specialist

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SECULTARISE STATE

Letter Number: 306A00023382



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

Managing	
I, larry Moskows 2 hereby resign as Member	_
of Rtwo Sense, UC	
(Limited Liability Company) a limited liability company organized under the laws of the State of	
and affirm that the limited liability company has been notified in writing of the resignation.	
1 h	
(Signature of resigning manager, managing member or member)	

FILING FEE IS \$25.00

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