

LD3000043602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

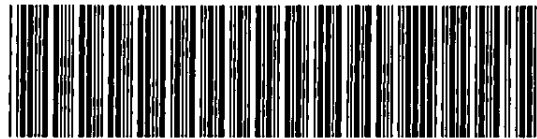
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TWIN PALMS OF CLEARWATER LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROLAND J ROGERS
(Name of Person)

ROGERS BEACH DEVELOPMENT
(Firm/Company)

200 BRIGHTWATER DR #2
(Address)

CLEARWATER, FL, 33767
(City/State and Zip Code)

For further information concerning this matter, please call:

PAM ROERNICH at (727) 447 9637
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &
Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 20, 2007

TWIN PALMS LLC
% ROLAND J. ROGERS
200 BRIGHTWATER DRIVE #2
CLEARWATER, FL 33767

Ref. Number: 600092244726

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

Please provide the document number of the LLC. There are 3 LLC's with this name in our database and none include the name of KENNETH A. OLIPRA.

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) 245-6967.

Leslie Sellers
Document Specialist

Letter Number: 307A00019341



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

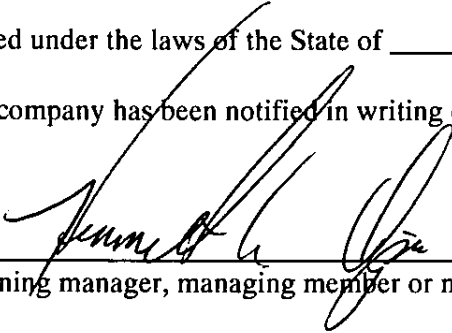
RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Kenneth A. Olipra, hereby resign as Manager
~~Member~~
(Title)

of Twin Palms LLC,
(Limited Liability Company)

a limited liability company organized under the laws of the State of Florida,

and affirm that the limited liability company has been notified in writing of the resignation.


(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E079 (8/05)

Document # L030000043600
FEI Number 20-0379696