L04000013089

(Re	questor's Name)	
Ad)	dress)	
(Ad	dress)	· · · · · · · · ·
(Cit	y/State/Zip/Phone	» #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F		
	g =	

Office Use Only



000063496090

01/13/06--01021 -014 **25.00

2006 JAN 13 PM 3: 32

4 BRYAN JAN 1 9 2006

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Twin Screeks (Name of Limited Liability	
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing Member o	r Manager and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the	ne following:
Beth Grevengood (Name of Person)	
(Firm/Company)	
151 Flamingo Avenue (Address) Naples FL 34108 (City/State and Zip Code)	- (a)
For further information concerning this matter, please call:	
Name of Person) at (Area C	39 <u>593 - 0583</u> 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 CR2E079 (8/05)	\$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Both Grevengood, hereby resign as Member / Mgr.
(Title)
of
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 ().
(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