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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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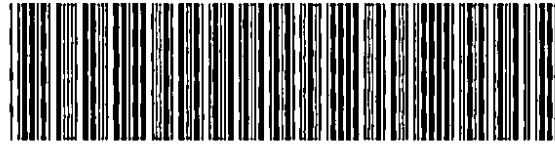
(Business Entity Name)

(Document Number)

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# BONNEY & ASSOCIATES, P.A.

A PROFESSIONAL ASSOCIATION  
ATTORNEYS AND COUNSELORS AT LAW

[gbonney@bandslaw.org](mailto:gbonney@bandslaw.org)

GARTH D. BONNEY, ESQ.

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DOWNTOWN OFFICE  
514 MAGNOLIA AVENUE  
PANAMA CITY, FL 32401  
MAILING P.O. BOX 737 (32402)  
(850) 215-6840 OFFICE  
(850) 215-6846 FAX

January 29, 2021

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

RE: Twin Palm Apartments, LLC  
North Bay Mobile Home Living, LLC  
Stone Heaven Apartments, LLC

Dear Sir or Madam:

This firm has the pleasure of representing George and Karen Baber, the authorized members of the limited liability companies listed above. On behalf of our clients, we are submitting the enclosed amendments, resignations of member and registered agent forms for filing.

Also enclosed are checks which are attached to each respective form for the filing fees. If you have any questions, please do not hesitate to contact our office.

Sincerely,

BONNEY & ASSOCIATES, P.A.



Caroline Ouimet  
Paralegal to Garth D. Bonney, Esq.

Enclosures

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TWIN PALM APARTMENTS, LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

GEORGE L BABER JR

(Contact Person)

TWIN PALM APARTMENTS, LLC

(Firm/Company)

4602 CARLA LANE

(Address)

PANAMA CITY, FLORIDA 32405

(City/State and Zip Code)

For further information concerning this matter, please call:

GEORGE L BABER JR

(Name of Contact Person)

at ( 850 ) 896-8336

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**Mailing Address:**

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

**Street Address:**

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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: TWIN PALM APARTMENTS, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L08000006681

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12-1-20

4. I, KAREN BABER, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
MANAGER  
*(Print Title)*

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

Karen Baber

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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