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SECRETARY OF STATE

PIVISION OF COPPORATION

## **COVER LETTER**

CR2E079 (5/06)

TO: Registration Section		
Division of Corporations		
SUBJECT: Two Sisters Real Estate Holdin		
(Name of Limite	d Liability Co	mpany)
The enclosed member, managing member or managing.	nanager resi	gnation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:	
Peggy Ballweg		
(Contact Person)		_
(Ei		_
(Firm/Company)		
16127 Bridgedale Drive		
(Address)	<u> </u>	_
Lithia, FL 33547		_
(City/State and Zip Code)		
For further information concerning this matter,	, please call:	
Peggy Ballweg a	at ( 813	294-6562
(Name of Contact Person)	(Area Code	e & Daytime Telephone Number)
Enclosed please find a check made payable to	the Florida i	Department of State for:
\$25 Filing Fee		\$55 Filing Fee &
		Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
Clifton Building		P.O. Box 6327
2661 Executive Center Circle		Tallahassee, Florida 32314
Tallahassee, Florida 32301		



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	mited liability company as it appoints isters Real Estate Holdings, L		lorida Department
2. This limited liabil Florida	ity company was organized under	the laws of:	
3. The Florida docur	nent/registration number of this li	mited liability company is:	
•	ne of Person Resigning) lity company and affirm the limit	·	Print Title)
Signature of Resig	ning Member, Managing Member	r or Manager	SECRET DIVISION O
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		ARY OF STACE OF CORPORATIONS