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SECRETARY OF STATE
TALL AHASSEE

D. BRUCE

SEP 09 2010

**EXAMINER** 

## **COVER LETTER**

Division of Corporations	
SUBJECT: TWMAN U.  (Name of Limited L.	S. A. LLC iability Company)
The enclosed member, managing member or manafiling.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this r	natter to:
ARSEN HAZUMYAN	
(Contact Person)	——————————————————————————————————————
	JECR ALLA
(Firm/Company)	P-8
1330 Ocean de 6A	SEP -8 AM DE I
(Firm/Company)  1330 Ocean de 6A  (Address)  Uli'auri' Beach FL 3  (City/State and Zin Code)	The state of the s
(City/State and Zip Code)	<del></del>
For further information concerning this matter, pl	ease call:
at ( Name of Contact Person) (	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$\int\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Florida Department of State for:  \$55 Filing Fee &  Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (5/06)

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 appears on the records of the F	lorida Dep	artme	nt
2. This limited liabili	ty company was organized under the laws of:	SECRETARY TALLAHASSEE	10 SEP -8	
3. The Florida docum	nent/registration number of this limited liability company is:	OF STATE FLORIDA	AM ED: 1-3	
4. I, ARSON (Print Nan	Kazumyan , hereby resign as a MG (1	R Print Title)	<del></del>	
of this limited liabil resignation in writi	lity company and affirm the limited liability company has being.	een notified	lofm	У
Signature of Resign	ning-Member, Managing Member or Manager			
Filing Fee: Certified Copy:				