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K. SALY EXAMINER JUL 7 2011

COVER LETTER

TO:	Registration Section Division of Corporations				
	Division of Corporations				
SUBJ	TECT: Twostate Ventures LLC	c			
	(Name of L	imited Liability Company)			
The e		or manager resignation and fee(s) are submitted f			
Please	e return all correspondence concernir	ng this matter to:			
Fede	erico Olivieri				
	(Contact Person)				
Piero	o Salussolia P.A.				
	(Firm/Company)				
1410	20th Street, Suite 214	· · · · · · · · · · · · · · · · · · ·			
	(Address)				
Mian	ni Beach, FL 33139				
	(City/State and Zip Code)				
For fu	orther information concerning this ma	atter, please call:			
Adria	ana Marquez	at (305) 373-7016 (Area Code & Daytime Telephone Number)			
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclo		e to the Florida Department of State for:			
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy			
		Certified Copy			
	EET/COURIER ADDRESS:	MAILING ADDRESS:			
_	tration Section	Registration Section			
	ion of Corporations	Division of Corporations			
	n Building	P.O. Box 6327			
	Executive Center Circle	Tallahassee, Florida 32314			
i aiiar	nassee, Florida 32301				

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SECALIARY OF STATE
FALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as in state Ventures LLC	t appears on the records	of the Florida Department
2. This limited liab Florida	ility company was organized	under the laws of:	
3. The Florida docu L09000079	ument/registration number of 531	this limited liability com	pany is:
4. I, AdrianaMa	rquez ame of Person Resigning)	, hereby resign as a _	Manager (Print Title)
of this limited lial resignation in wr	pility company and affirm the		,
Signature of Resi	gning Member, Managing Me	ember or Manager	
-	\$25.00 (Required) \$30.00 (Optional)		