

L09000082328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

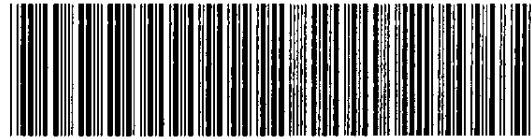
(Business Entry Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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C. LEWIS
FEB -2 2011
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TWINKLER SOFTWARE, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L09000082328

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RORY C. SHUR
Name of Person

TWINKLER SOFTWARE, LLC
Name of Firm/Company

3840 WEST HILLSBORO BOULEVARD, SUITE 131
Address

DEERFIELD BEACH, FLORIDA 33442
City/State and Zip Code

rory@twinklersoftware.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RORY SHUR at (561) 755-7110
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

ADAM I. SKOLNIK, P.A.

Name of Registered Agent

, hereby resigns as

Registered Agent for TWINKLER SOFTWARE, LLC

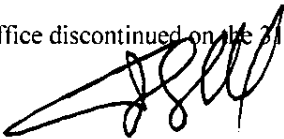
Name of Limited Liability Company

L09000082328

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 21st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

ADAM I. SKOLNIK, P.A.

Typed or Printed Name

PRESIDENT

Capacity

FILED
2011 FEB -1 PM 4:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314