## L12000 103 990

(Re	equestor's Name)			
(Ac	ldress)			
(Ac	ddress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





600334305586

ნ9/16/16--61027--625 🖘50.00

LC Pesign.

Disso. Resign.

Newton

## **COVER LETTER**

Division of Corporations OMB & Twins, LLC, a Florida limited liability company SUBJECT: (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: Monica Benitez (Contact Person) (Firm/Company) 1400 Salzedo St - #504 (Address) Coral Gables, FL 33134 (City/State and Zip Code) For further information concerning this matter, please call: Monica Benitez (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: \$\overline{\overlin □ \$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

CR2E079 (2/14)

TO:

Registration Section



## 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)

	limited liability company as 3 & Twins, LLC	s it appears on the records of the Fl	lorida Depa	irtment 
2. The Florida docu L1200010399		assigned to this limited liability con	npany is:	
Orlando Ren	itez	signed or will withdraw/resign is:, hereby withdraw/resign as a		9
Member and	Managing Member			
	(Print Title)			
of this limited lial resignation in wr		he limited liability company has be	en notified	of my
v				
Signature of Di	ssociating Member or Resig	ining Manager	19 SE	\$v -5 85
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		T 16 PH 3:	京 の の の の の の の の の の の の の