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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: P0.55 P1.00 (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Mathan Hart (Contact Person)
The Twisted Tower (Firm/Company)
12969 Village Blvd, Address)
Martin Beach, FL 33708 (City/State and Zip Code)
For further information concerning this matter, please call:
Na Hon Hart at (727) 399-5948  (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314

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

			_	
1. The name of the line of State is:	nited liability company $\frac{1}{55} \frac{1}{5} 1$	as it appears on the records of the Florida	Departme	ent 
	y company was organiz		ARY O	Sinta Alic 26
	ent/registration number		ORIDA	至 12: 02
4. I, Tyler (Print Nam	CLMM e of Person Resigning)	Manag , hereby resign as a <u>Membe</u> (Print)	<u> </u>	_
of this limited liabil resignation in writing		the limited liability company has been no	otified of r	ny
Sylon Din				
Signature of Resign	ing Member, Managing	g Member or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	Florida, Pinel Aug 9, 2013 Marshap	las DR	

NANCY C FITZPATRICK Notary Public - State of Florida My Comm. Expires Jun 30, 2015 Commission # EE 97551

CR2E079 (5/06)