

L13000146058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

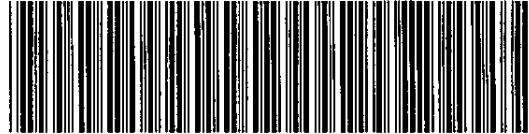
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Two Pines, LLC

\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L13000146058

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:

John R. Averitt

\_\_\_\_\_  
Name of Person

Two Pines, LLC

\_\_\_\_\_  
Name of Firm/Company

13218 Huguenot Lane

\_\_\_\_\_  
Address

Jacksonville, Florida 32225

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John R. Averitt

\_\_\_\_\_  
Name of Person

at (

904

)

Area Code

568-4430

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



June 18, 2015

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: Two Pines, LLC**  
**FEI/EIN No.: 61-1722604**

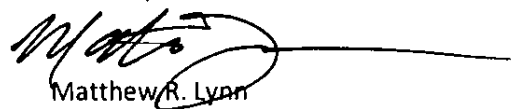
To Whom It May Concern:

My name is Matthew Lynn and I represent Two Pines, LLC regarding the filing of the documents enclosed. Please find (i) a cover letter to the Registration Section of the Division of Corporations; (ii) a Statement of Resignation of Registered Agent for a Limited Liability Company; (iii) a Dissociation or Resignation of Member, Manager from Florida or Foreign Limited Liability Company; and (iv) a Statement of Change of Registered Office or Registered Agent or Both For Limited Liability Company.

Also enclosed is a check, made payable to the Florida Department of State and in the amount of two hundred twenty dollars (\$220.00). Please accept as payment for the filing fees associated with each aforementioned document.

If there are any questions or concerns regarding the documents, please feel free to contact me via telephone, listed below, or email at [mlynn@sjlawgroup.com](mailto:mlynn@sjlawgroup.com). Thank you.

Sincerely,



Matthew R. Lynn

Enclosures

T (904) 495-0400	509 Anastasia Boulevard
F (904) 495-0506	St. Augustine, Florida 32080
(888) 588-2599	<a href="http://www.sjlawgroup.com">www.sjlawgroup.com</a>

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

VIRGINIA TRIPLET

Name of Registered Agent

, hereby resigns as

Registered Agent for

TWO PINES, LLC

Name of Limited Liability Company

LI3000146050

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 31st day after the date on which this statement is filed.

  
Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

## 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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 JUN 23 AM 7:41

FILED