L13000/46058

(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phone	<u> </u>		
(0	y. = 1310/2/pr. 110/10	,		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status		of Status		
Special Instructions to Filing Officer:				

Office Use Only



500274270905

06/23/15--01022--019 **220.00

15 JUN 23 AM 7: 43
SECRETARY OF STATE
FALL AHASSEE, FLORIO



Dedicated and Responsive Service

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. Thank you.

Enclosures



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)

1. The name of the	limited liability company	as it appears on the records of	the Florida Department
of State is:	TWO PINES, L	LC.	·
2. The Florida docu	ment/registration number	assigned to this limited liabili	ty company is:
L13000	0146053	•	4
3. The date this mer	mber/manager withdrew/r	esigned or will withdraw/resig	gn is: 6/17/15
4.1, VIRGINI	A TRIPLETT ame of Person Resigning)	, hereby withdraw/resi	gn as a
MGRM	Print Title)		
of this limited liab		the limited liability company l	has been notified of my
	JAH-		75 TS
Signature of Dis	sociating Member or Res	igning Manager	JUN 2:
_	\$25.00 (Required)		SSFE. R
Certified Copy:	\$30.00 (Optional)		AH 7: 43 YOF STATE
			Ä