## L14000 117855

(Requ	uestor's Name)	
(Addr	ress)	
(Addr	ress)	
(City/	State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Nan	ne)
(Doci	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	
·		

Office Use Only



500263682125

09/02/14--01020--007 \*\*25.00

14 SEP -2 PH 4: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**SEP** 1 0 2014 **T.** CARTER

LLC Mem Resign

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Totally Twisted Tees, LLC		
(Name of Lim	ited Liability Con	mpany)
The enclosed member, resignation or dissoci	ation and fee(	s) are submitted for filing.
Please return all correspondence concerning	this matter to:	
Mark E Otto		
(Contact Person)		_
Totally Twisted Tees, LLC		
(Firm/Company)		<u></u>
1507 Aurora Rd Suite B		
(Address)		_
Melbourne, Fl 32937		
(City/State and Zip Code)		_
For further information concerning this matter	er, please call:	
Mark E Otto	321 at (	241-6400
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$\Bigs \text{\$25 \text{Filing Fee}} \Bigs \text{\$\Bigs \$55 \text{Filing Fee} & Certified Copy}\$		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)



FILED SECRETARY OF STATE TALLAHASSEE. FLORIDA

14 SEP -2 PM 4: 28

## 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)

	Twisted Tees, LLC
2. The Florida docume L14000117855	ent/registration number assigned to this limited liability company is:
3. The date this memb	per/manager withdrew/resigned or will withdraw/resign is:
4. I, James E Hollis	, hereby withdraw/resign as a e of Person Resigning)
Managing Memb	
(Pr	int Title)
resignation in writin	ty company and affirm the limited liability company has been notified of my lig.  Ciating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)