# 115000033236

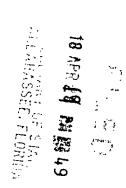
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#### CÖVER LETTER

TO: **Registration Section** Division of Corporations Packet Twist Communications, LLC 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: Kevin Michael (Contact Person) Invizio (Firm/Company) 5050 Biscayne Blvd, Suite 202 (Address) Miami, FL 33137 (City/State and Zip Code) For further information concerning this matter, please call: Kevin Michael 305 (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 □ \$55 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)



### 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)

-102.12	ncket Twist Communication  ument/registration number assi	gned to this limited liability com	ipany is:	
L1500003323	5	·		13
3. The date this me	mber/manager withdrew/resign	ned or will withdraw/resign is: _	December	31, 2015
4. I, Gary Whyte  (Print Name of Person Resigning)  Member and Manager		, hereby withdraw/resign as	a FLORI	
	· · · · · · · · · · · · · · · · · · ·	limited liability company has bee	en notifie	d of my
—Docusigned by: Gary Whyte	•			
Signature of D	ssociating Member or Resignin	ng Manager		