115000051401

(Re	questor's Name)	
. (Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		





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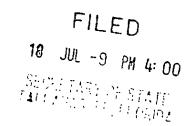
SALY
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COVER LETTER

Division of Corporations	
The Twisted Peacock, LLC SUBJECT:	
	nited Liability Company)
The enclosed member, resignation or dissoci	iation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
Arpita Oselimo	
(Contact Person)	
(Firm/Company)	
2826 NE 19th Drive	
(Address)	
Gainesville, FL 32609	
(City/State and Zip Code)	
For further information concerning this matt	er, please call:
Arpita Oselimo	352 870-7774
(Name of Contact Person)	(Area Code & Daytime Telephone Numbe
Enclosed please find a check made payable t ■ \$25 Filing Fee	to the Florida Department of State for: \$\Boxed{\Pi} \\$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallabaseas, 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)

	limited liability company as it appears on the records of the Florida Department Twisted Peacock, LLC
2. The Florida doc L150000514	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
4. I. Arpita Oselir	
VP	
	(Print Title)
of this limited lia resignation in wi	bility company and affirm the limited liability company has been notified of my iting.
Signature of D	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)