

L150000 54200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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1573 MAIL  
DIVISION OF CORP. REGISTRATION  
20 JAN -2 PM 2:29

JAN 30 2020  
C. M. M. M. R.

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TWO SISTERS AND A BUCKET, LLC  
(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:

Sheri G RANDOW  
(Contact Person)

TWO SISTERS AND A BUCKET  
(Firm/Company)

267 AMBERWOOD CT  
(Address)

ORMOND BEACH, FL 32174  
(City/State and Zip Code)

For further information concerning this matter, please call:

Sheri G RANDOW at (386) 852-5878  
(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 Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

20 JAN -2 PM 2:29  
RECEIVED  
DIVISION OF CORPORATIONS  
FLORIDA DEPARTMENT OF STATE

**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 SISTERS AND A BUCKET, LLC

2. The Florida document/registration number assigned to this limited liability company is:

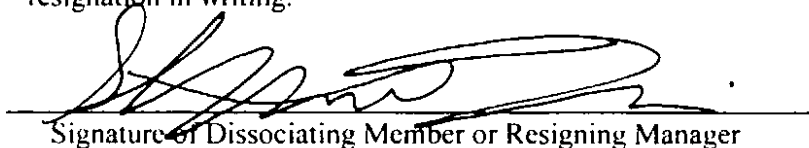
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3. The date this member/manager withdrew/resigned or will withdraw/resign is: MAY 1<sup>ST</sup>

4. I, STEPHANIE J. HICKS, hereby withdraw/resign as a  
(Print Name of Person Resigning)

AUTHORIZED MEMBER  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my  
resignation in writing.



Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)