## LIS 0000 71559

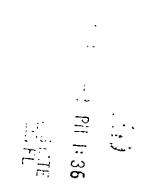
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## **COVER LETTER**

Registration Section Division of Corporations MS. TWISTER MAID SERVICE, 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: **BRANDI PERSINGER** (Contact Person) MS. TWISTER MAID SERVICE, LLC (Firm/Company) 10921 EARHART DRIVE (Address) NEW PORT RICHEY, FL 34654 (City/State and Zip Code) For further information concerning this matter, please call: BRANDI PERSINGER at (\_\_\_ (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: □ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations** Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303

TO:



## 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)

MS T	limited liability company as it approvided the company as it approved the c	opears on the records of the Florida Department
2. The Florida docu	ument/registration number assign	ed to this limited liability company is:
L15000071559		
3. The date this me	ember/manager withdrew/resigne	d or will withdraw/resign is:
JILL PERSINGF	ER	, hereby withdraw/resign as a
(Print 8	lame of Person Resigning)	<u> </u>
AMBR		
	(Print Title)	36
of this limited lia resignation in wr	=	nited liability company has been notified of my
Siel	Persinger	
Signature of D	issociating Member or Resigning	Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	