

U50000 95304

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(City/State/Zip/Phone #)

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NOTICE OF STATE
DEPARTMENT OF REVENUE
FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Two Uncles & One Nephew Company LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L15000095304

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jonathon L. Patterson III

Name of Person

The Two Uncles & One Nephew Company LLC

Name of Firm/Company

3936 South Semoran Blvd Ste 368

Address

Orlando, Florida 32822

City/State and Zip Code

twounclesonenephew@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Renaldo N Riggins

Name of Person

at (407) 808-8372
Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Renaldo N. Riggins

, hereby resigns as

Name of Registered Agent

Registered Agent for The Two Uncles & One Nephew Company LLC

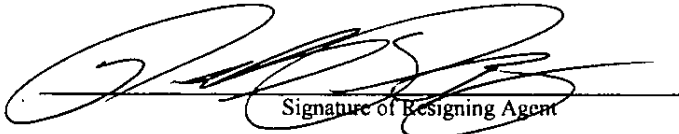
Name of Limited Liability Company

L15000095304

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

15 SEP 15 PM 12:37
RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314