118000136285

(Requestor's Name)
(Address)
(Äddress)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

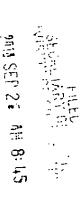
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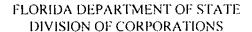
N. CAUSSEAUX 0CT 1 - 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Two Govern 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:
Darred Morros (Contact Person)
Two Goean LC (Firm/Company)
10885 DW 89th Terr X 212
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (954) 8649477 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sumset\$ \$\frac{1}{2}\$\$ \$\frac{1}{2}\$\$ Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32301

CR2E079 (2/14)







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 Departmen	t
of State is: Two Green LLC.	
2. The Florida document/registration number assigned to this limited liability company is:	
L18000136285	
3. The date this member/manager withdrew/resigned or will withdraw/resign is: $\frac{O6/O\sqrt{201}}{}$	ર
4. I. Casas Daming, hereby withdraw/resign as a (Print Name of Person Resigning)	
(Print Title)	
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.	
The same of the sa	
Signature of Dissociating Member or Resigning Manager	
Filing Fee: \$25.00 (Required)	

Certified Copy: \$30.00 (Optional)