## LISCC0136285

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





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## **COVER LETTER**

Division of Corporations		
SUBJECT: TWO GREEN LLC		
(Name of L	imited Liability (	Company)
The enclosed member, resignation or disso	ociation and fe	e(s) are submitted for filing.
Please return all correspondence concernir	ng this matter t	10:
DANIEL MOROS		
(Contact Person)		
TWO GREEN LLC		
(Firm/Company)		
10885 NW 89TH TER #212		
(Address)		
DORAL FL 33178		
(City/State and Zip Code)		
For further information concerning this ma	utter, please ca	dl:
DANIEL MOROS	at ( 954	) 864.94.72 ode & Daytime Telephone Number)
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed please find a check made payable		
✓ \$25 Filing Fee	□ \$55 Fil	ing Fee & Certified Copy
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303

TO: Registration Section



## 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)

1. The name of the	limited liability company as	it appears on the records of the	Florida Dep	partment
of State is: TWO				
2. The Florida docu	ument/registration number as	ssigned to this limited liability c	ompany i	
L18000136285	<u> </u>		T ANY	
3. The date this me	mber/manager withdrew/resi	igned or will withdraw/resign is		
4. I, MARIA BEATR (Print N	IZ SEMIDEY  [ame of Person Resigning]	, hereby withdraw/resign a	AMIO: 35	5
MGR	(Print Title)		0 2 3	<b>o</b>
of this limited lial resignation in wri		e limited liability company has	been notified	d of my
Pana	Beatijsemide	1 ·		
Signature of Di	ssociating Member or Resign	ning Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			