## L18 000773488

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

Office Use Only



000338099970

12/23/19--01014--030 ++25.00

S TALLENT JAN 27 CON

2019 DEC 23 AM 8: 48

Memp / may

## COVER LETTER

Division of Corporations
SUBJECT: Two Homes LCC (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:
Melissa Wartman (Contact Person)
Twin Homes LLC (Firm/Company)
222 Madison Ase
Daytona Polach FL 32114 (City/State and Zup Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (386) 500 - 3003 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\sum \\$55 Filing Fee & Certified Copy

Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

Mailing Address: Registration Section Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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 Department
of State is: Twin Homes UC
2. The Florida document/registration number assigned to this limited liability company is:
118600 223488
3. The date this member/manager withdrew/resigned or will withdraw/resign is: $12-17-19$
4.1. Amia liver cood hereby withdraw/resign as a full (Print Name of Person Resigning)
Member (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.  Musica Siurngard
Signature of Dissocrating Member or Resigning Manager

CR2E079 (2/14)

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)