119000115950

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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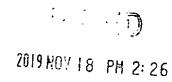
COVER LETTER

Division of Corporations	
SUBJECT: Two Stud Druwal (Name of Limited Liabili	ty Company)
The enclosed member, resignation or dissociation and	fee(s) are submitted for filing.
Please return all correspondence concerning this matter	er to:
Winsten Oliver (Contact Person)	
Two Stud Daywall LLC (Firm/Columny)	<u>.</u>
625 S Main Street	
Chatta hoochee FL, 32324 (City/State and Zip Code)	
For further information concerning this matter, please	call:
(Name of Contact Person) at (870)	Scyl-2259
Englosed please find a check made payable to the Flor	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301





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:	Two Shid Prywall LLC
2. The Florida does	ument/registration number assigned to this limited liability company is:
11900c)115950
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: 7/16/19
4.1, Brade	hereby withdraw/resign as a me of Person Resigning)
Markago	(Print Title)
resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of D	ssociating Member or Resigning Manager
	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)