L19000232621

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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COVER LETTER

TO: Registration Section	
Division of Corporations	•
SUBJECT: TWISPOD LLC	
(Name of Limite	ed Liability Company)
The enclosed member, resignation or dissociate	tion and fee(s) are submitted for filing.
Please return all correspondence concerning th	nis matter to:
S. CURRY (Contact Person)	
(Contact Person)	
TWISPOD LLC	ł
(Firm/Company)	
7750 Okeechobee 7	slud
(Address)	
West Palm Beach, FL 3:	3411
(City/State and Zip Code)	
For further information concerning this matter	r, please call:
Shauntese Curry	305 609-5344 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	the Florida Department of State for:
•	☐ \$55 Filing Fee & Certified Copy
	i
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)



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)

TWISPOD LLC of State is:	n the records of the Florida Department
2. The Florida document/registration number assigned to th	is limited liability company is:
L19000232621	
3. The date this member/manager withdrew/resigned or wil	l withdraw/resign is: March 2020
4. I. Nychele East, hereb	
(Print Name of Person Resigning)	
Co-Owner .	
(Print Title)	
of this limited liability company and affirm the limited lia resignation in writing.	bility company has been notified of my
70	
Signature of Dissociating Member or Resigning Manag	er 2821.
Filing Fee: \$25.00 (Required)	

Certified Copy:

\$30.00 (Optional)