## LZ0 0000 40569

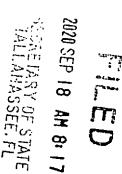
(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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## **COVER LETTER**

Division of Corporations	•
Turn-key Resources IIc SUBJECT:	
(Name of Limit	ed Liability Company)
The enclosed member, resignation or dissocia	tion and fee(s) are submitted for filing.
Please return all correspondence concerning the	his matter to:
Lee Newman	
(Contact Person)	
(Firm/Company)	
708 Virginia lane	
(Address)	
Apopka fl. 32703	
(City/State and Zip Code)	
For further information concerning this matter	r, please call:
Lee Newman	321 5948069 at ( )
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to   \$\Bigset\$ \$25 Filing Fee	the Florida Department of State for:  ☐ \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303