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

TO: Registration Section Division of Corporations
SUBJECT: TWINKLE HOLDINGS LLC Name of Limited Liability Company
Name of Limited Liability Company
DOCUMENT NUMBER: L20000107419
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
United States Corporation Agents, Inc.
Name of Person
LegalZoom.com, Inc.
Name of Firm/Company
101 North Brand Blvd. 11th Floor
Address
Glendale, CA 91203
City/State and Zip Code
raresignations@legalzoom.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Joyce Yi Rame of Person at (800) 773-0888 x7789 Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.011	5, Florida Statutes, the under	signed.	
United States Corporation Agents, Inc.		ıc.	, hereby resigns as	
	Name of Registered Age			
Registered Agent for $\frac{1}{2}$	WINKLE HOLDIN	IGS LLC		
	Name of Lin	nted Liability Company		`
L20000107419				
Document S	fumber, if known			
A copy of this resignati	ion was mailed to the a	above listed limited liability o	ompany at its last known a	ddress.
The agency is terminate	ed and the office disco	ontinued on the 31st day after	the date on which this state	ement is filed
		Signature of Resigning Agent		
If signing on behalf of	an entity:			
	Cheyenne Mose	eley		
	ï	yped or Printed Name		~"
	Asst. Secretary for United States Corporation Agents, Inc.		ents, Inc.	0.5
		Сараспу		(1)
				0.5
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability co Administratively dissolve withdrawn limited liabilit	d/ vofuntarily dissolved/ =	7-97 OCT 20 PH12: 15

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314