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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 26, 2020

RAFAEL FABIAN, P.A. 3860 SW 8TH STREET, SUITE 200 CORAL GABLES, FL 33134

SUBJECT: TWO-T, LLC Ref. Number: L20000127370

We have received your document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

This department cannot accept photocopies. Please complete the attached form. A second check or money order is not necessary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

JEARLD H QUICK OPS

Letter Number: 720A00021239

www.sunbiz.org

COVER LETTER

•	ion of Corporations		
SUBJECT:	Two-T, LLC		
SOBOLET.	(Name of	Limited Liability Co	ompany)
The enclosed	member, resignation or dis	sociation and fee((s) are submitted for filing.
Please return	all correspondence concern	ning this matter to	:
Rafael Fabian			
	(Contact Person)		
Rafael Fabian,	P.A.		
	(Firm/Company)		_
3860 SW 8th St	treet, Suite 200		
	(Address)		
Coral Gables, F	L 33134		
	(City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·	
For further in	formation concerning this r	natter, please call	:
Rafael Fabian		305 at (856-6700
(Na	ame of Contact Person)	(Area Cod	e & Daytime Telephone Number)
Enclosed plea	ase find a check made payal	ble to the Florida	Department of State for:
■ \$25 Filing	; Fee	□ \$55 Filin	ng Fee & Certified Copy
<u>Mailin</u>	g Address:		Street Address:
	tration Section		Registration Section
	ion of Corporations		Division of Corporations
	Box 6327		The Centre of Tallahassee
railar	nassee, 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)

	limited liability company as	• •		partment	
	ument/registration number a			_ 	
3. The date this me	mber/manager withdrew/res	signed or will withdraw/re	esign is: May 10, 20)20	
4. I, Mary V. Tatum	lame of Person Resigning)	, hereby withdraw/r	_, hereby withdraw/resign as a		
Authorized Memb					
	(Print Title)				
of this limited lia resignation in wr	bility company and affirm thiting.	ne limited liability compa	ıny has been notifi	ed of my	
Ma	ssociating Member or Resig			Ø	
Signature of Di	ssociating Member or Resig	ning Manager	NON (C	1	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		ARY OF STATE	FILED	