LZO 000188253

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Section Division of Corporations

TWOGEMZ INVESTMENTS LLC SUBJECT:

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Roger Michaels

(Contact Person)

(Firm/Company)

735 Bridgecreek Ct

(Address)

Sanford, FL 32771

(City/State and Zip Code)

For further information concerning this matter, please call:

 Roger Michaels
 407
 928 7273

 (Name of Contact Person)
 at (_____)

 (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\Box\$ S55 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

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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)

- 2. The Florida document/registration number assigned to this limited liability company is: 1.20000188253
- 3. The date this member/manager withdrew/resigned or will withdraw/resign is: _____
- 4.1. <u>Rachele 1. Michaels</u>, hereby withdraw/resign as a (Print Name of Person Resigning)

Mgr

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: Certified Copy: \$25.00 (Required) \$30.00 (Optional)

