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(Requestor's Name)				
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PICK-UP	☐ WAIT ☐ MAIL			
(Bu	usiness Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
	J. HCRIT			
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COVER LETTER

TO:	Registration Section		
	Division of Corporations		
SUBJ	Twig, Trade, & Tribunal, PLLC		<u> </u>
	(Name of	Limited Liability Co	ompany)
The e	nclosed member, resignation or dis	sociation and fee	(s) are submitted for filing.
Please	e return all correspondence concern	ing this matter to	:
Тегга 1	Sickler		
	(Contact Person)		_
Twig,	Trade, & Tribuanl, PLLC		
	(Firm/Company)	·	_
1512 E	E. Broward Blvd. Suite 204A		
	(Address)	-	_
Fort La	auderdale, FL 33301		
	(City/State and Zip Code)		_
For fu	orther information concerning this r	natter, please call	l:
Тетта І	L. Sickler	352 at (5853164
	(Name of Contact Person)		le & Daytime Telephone Number)
Enclo	sed please find a check made payal	ble to the Florida	Department of State for:
	5 Filing Fee		ng Fee & Certified Copy
	Mailing Address:		Street Address:
	Registration Section		Registration Section Division of Corporations
	Division of Corporations P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
			Tallahassee, FL 32303



DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	e limited liability company as it appears	s on the records of the Florida Department
Twig	g, Trade, & Tribunal, PLLC	
of State is:		·
2. The Florida doc	cument/registration number assigned to	this limited liability company is:
L 200	198284368	
	· / ember/manager withdrew/resigned or v	10/27/2023
3. The date this me	ember/manager withdrew/resigned or v	vill withdraw/resign is:
4. I,	her	eby withdraw/resign as a
(Print N	, her Name of Person Resigning)	ooy waaaa waaa aa a
Manager		
	(Print Title)	
of this limited lia	ability company and affirm the limited	liability company has been notified of my
resignation in wr		
Signature of D	issociating Member or Resigning Man	ager
	/	
Filing Fee:	\$25.00 (Required)	
Certified Conv	\$30.00 (Optional)	