

L200000240182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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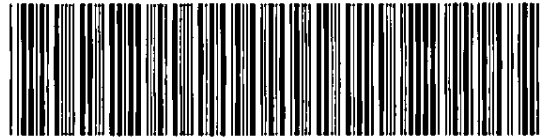
(Business Entity Name)

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DATE: 11/12/20

NAME: TWINTIME, LLC

TYPE OF FILING: RESIGNATION OF MEMBER

COST: 25.00

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AUTHORIZATION: ABBIE/PAUL HODGE



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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: TWINTIME, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L20000240182

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 09/30/2020

4. I, JAMES McKELVEY, JR., hereby withdraw/resign as a
(Print Name of Person Resigning)
MANAGER
(Print Title)

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

DocuSigned by:
A handwritten signature in black ink, appearing to read "James McKelvey, Jr.".

367CE0130A334C9...
Signature of Dissociating Member or Resigning Manager

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

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