

k20000274593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

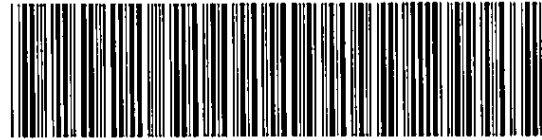
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700372226127

08/30/21--01020--023 \$25.00

2021 AUG 30 PM 2:54

Je

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AuthentTwo Investments, LLC
(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:

Kristina Stoltzfus
(Contact Person)

AuthentTwo Investments, LLC
(Firm/Company)

4069 River Bank Way
(Address)

Runta Gorda, FL 33980
(City/State and Zip Code)

For further information concerning this matter, please call:

Kristina Stoltzfus at (941) 466-3404
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 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

