# L20000321030

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
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### COVER LETTER

**TO:** Registration Section Division of Corporations

TA

SUBJECT:	
Name of Limited Liability	Company
DOCUMENT NUMBER: L200000321030	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
MARIAH ESTERS-RIMMER	
Name of Person	
LegalCorp Solutions Inc	
Name of Firm/Company	
3 Greenway Plaza Ste 1320	
Address	
Houston, TX 77046	
City/State and Zip Code	
two.m.exchange@gmail.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
MARIAH ESTERS-RIMMER 888 at (	534-3018
Name of Person Area Code	Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

## **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

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	tions of section 605.0115, Florida Statutes	. the undersigned.		
Name of Registered Agent		, hereby resigns as	hereby resigns as	
		, nereby realigns as		
Registered Agent for	Two.M.Exchange LLC			
	Name of Limited Liability Compa	ny	,	
L20000321030				
Document	Number, if known			
The agency is termine	ated and the office discontinued on the 31s	<u></u>		
If signing on behalf o	f an entity:	;.	202	
	Travis Crabtree		75 m	
	Typed or Printed Name	•• `	<b>TILE</b> 2002 NOV 29 <i>T</i>	
	Capacity		E 9 37	
	FILING FEES: \$ 85.00 Active limited \$ 25.00 Administrative withdrawn lim	liability company ly dissolved/ voluntarily dissolved/ ited liability company		

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314