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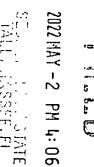
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Office Use Only



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COVER LETTER

RECEIVED

TO: Registration Section Division of Corporations

2022 MAR 16 AM 7: 36

SECRETANT OF STATE
TALLAHASSEE, FL

ONE9TWO LLC SUBJECT:		
	f Limited Liability C	ompany)
The enclosed member, resignation or dis	ssociation and fee	(s) are submitted for filing.
Please return all correspondence concer	ning this matter to);
JOSE G PEREZ		
(Contact Person)		_
ONE9TWO LLC		
(Firm/Company)		
2335 BISCOTTO CIR		
(Address)		
DAVENPORT, FL 33897		
(City/State and Zip Code)		
for further information concerning this	matter, please cal	1:
JOSE G PEREZ	305 at (548-9886
(Name of Contact Person)		de & Daytime Telephone Number)
Enclosed please find a check made paya	ible to the Florida	Department of State for:
■ \$25 Filing Fee		ng 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



RECEIVED

2022 APR 15 AM 7:58

SECRETA LITURISTAFE TALLAHASSEE, FL

March 29, 2022

JOSE G PEREZ 2335 BISCOTTO CIRCLE DAVENPORT, FL 33897

SUBJECT: ONE9TWO LLC Ref. Number: L21000356313

We have received your document for ONE9TWO LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

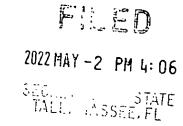
If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 322A00007288

Claretha Golden Regulatory Specialist II

www.sunbiz.org





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)

	limited liability company as	it appears on the records of the Florida Department
2. The Florida docu 1,21000356313	ument/registration number as	signed to this limited liability company is:
		gned or will withdraw/resign is: 02/15/2022
4. I. OSE HERNAN (Print N	DEZ iame of Person Resigning)	, hereby withdraw/resign as a
AMBR	(Print Title)	
of this limited lia resignation in wr	• • •	e limited liability company has been notified of my
Signature of Di	essociating Member of Resign	ning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	