L24000340592

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COVER LETTER

Registration Section Division of Corporations TWOJQS LLC SUBJECT: (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: JOHNATHAN QUINTERO (Contact Person) TWOJQS LLC (Firm/Company) 1909 SW LOGAN ST (Address) PORT ST LUCIE FL 34053 (City/State and Zip Code) For further information concerning this matter, please call: JOHNATHAN QUINTERO (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: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO:



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TALLAHASSEE, FLORIDA

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 JQS LLC
2. The Florida doc 1,24000340592	ument/registration number assigned to this limited liability company is:
LAMON' OF TRUE	ember/manager withdrew/resigned or will withdraw/resign is: ERO, hereby withdraw/resign as a fame of Person Resigning)
MEMBER/MAN	AGER (Print Tule)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of D	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)