*1105000003860

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K. BALY EXAMINER JUL -7 2014

COVER LETTER

Programme Registration Section Division of Corporations	
BJECT:	
Name of Limited Liability Company	
OCUMENT NUMBER: M05000003860	
e enclosed Resignation of Registered Agent for a Limited Liability Company and fee are sulfiling.	bmitted
ease return all correspondence concerning this matter to the following:	
onna Bertucci	
Name of Person	
orporate Direct, Inc	
Name of Firm/Company	
48 Meridian Blvd Suite H	
Address	
nden, NV 89423	
City/State and Zip Code	
mbar@aol.com	
E-mail address: (to be used for future annual report notification)	
further information concerning this matter, please call:	
Name of Person at (775 782-2201 Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	
closed is a check made payable to the Florida Department of State for \$85.00 for an active libility company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrability company	imited wn limi

MAILING ADDRESS:

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 605.0115, Florida Statutes, the	he undersigned,	
Gerri Detweiler		, hereby resigns as	The F
Ŋ	Name of Registered Agent	, , , , , , , , , , , , , , , , , , ,	美 上 下
Registered Agent for TW	/IN OAKS HOLDINGS, LLC		- 10 C
	Name of Limited Liability Company		
M05000003860			
Document Num	ber, if known		
A copy of this resignation	was mailed to the above listed limited l	liability company at its last	known address.
The agency is terminated	and the office discontinued on the 31st of	day after the date on which	this statement is filed.
-	Merre Detwell Signature of Resigning	g Agent	
If signing on behalf of an	entity:		
-	Typed or Printed Name		
-	Capacity		

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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