

M10000001212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

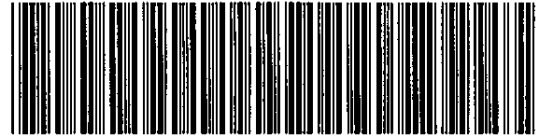
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500256247225

02/03/14--01018--005 \*\*25.00

FILED  
2014 FEB -3 AM 11:35  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FEB 04 2014  
D. C. 1018

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: Twin City Capital, LLC  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Patrick D Crocker

(Name of Person)

Nationwide Regulatory Compliance, LLC

(Firm/Company)

107 W Michigan Ave, 4th Fl

(Address)

Kalamazoo MI 49007

(City/State and Zip Code)

For further information concerning this matter, please call:

Patrick D Crocker

(Name of Person)

at 269 381-8888

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**FILED**  
2014 FEB -3 AM 11:35  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

Twin City Capital, LLC

(Name of limited liability company)

Minnesota

(Jurisdiction of its organization)

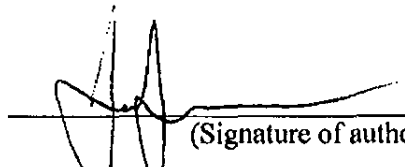
03/16/2010

(Date registered with Florida Department of State)

M10000001212

(Florida Document Number)

This limited liability company withdrawing its certificate of authority in this state.

  
\_\_\_\_\_  
(Signature of authorized representative)  
Jon Greene  
\_\_\_\_\_  
(Typed or printed name of signee)

**FILED**  
2014 FEB -3 AM 11:35  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**Filing Fee: \$25.00**