

P/2000023601

(Requestor's Name)

(Address)

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*Resignation
of R/R*

FILED
2014 JUN -9 PM 4:17
CLERK OF STATE
TALLAHASSEE, FLORIDA

*DR
6/10/14*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Twisted Times

Name of Limited Liability Company

DOCUMENT NUMBER: P12000023601

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jodi Furr

Name of Person

Twisted Times

Name of Firm/Company

305 S SR Hwy 17

Address

East Palatka, FL 32131

City/State and Zip Code

twistedtimesbar@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

M. Casey Phillips

at (386) 385-3765

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
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 undersigned,

Jodi Furr

Name of Registered Agent

Registered Agent for Twisted Times

Name of Limited Liability Company

P12000023601

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

03-01-2014

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withdrawn limited liability company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**

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STATE DEPT OF STATE
TALLAHASSEE, FLORIDA