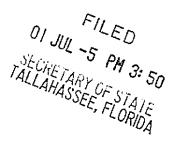
## Sandra Rutherford Requester's Name 6305 Foxglove R.8. Address Milton, FL 3 2570 City/State/Zip Phone #

Office Use Only

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1	000004459910 -07/05/0101054022	8
(Corporation Name)	(Document #) *****35.00 *****35.0	O
(Corporation Name)	(Document #)	-
(Corporation Name)	(Document #)  FIL  AHASS  (Document #)	
4(Corporation Name)  Walk in Pick up time  Mail out Will wait	(Document #)  Certified Copy  Photocopy  Certificate of Status	
NEW FILINGS	<u>AMENDMENTS</u>	
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	:-
OTHER FILINGS	REGISTRATION/QUALIFICATION	
Annual Report Fictitious Name	☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark ☐ Other	· ·=

**Examiner's Initials** 



## OFFICER / DIRECTOR RESIGNATION

1, HOUY M. BAKER, hereby resign as PS (Title)
of TWO CCS LC. (Name of Corporation)
a corporation organized under the laws of the State of FLORIDA
and affirm that the corporation has been notified in writing of the resignation.  (Signature of resigning officer/director)

## FILING FEE IS \$35.00

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