## 119000243358

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		
•		

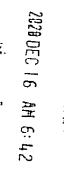
Office Use Only



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MN 31 2021 S. YOUNG



## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: TRW Investment (Name of Limited Liability Comp	nt uc
The enclosed member, resignation or dissociation and fee(s)	are submitted for filing.
Please return all correspondence concerning this matter to:	
Henry amusia (Conta) Person)	
HRUS INVESTMENT	uc
110 SW 12 st #770	ス
Man F 33130 (City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Contact Person) at (Area Code &	9453910 2 Daytime Telephone Number)
Enclosed please find a check made payable to the Florida De \$25 Filing Fee \$55 Filing	epartment of State for: Fee & Certified Copy
Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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## 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)

1. The name of the limited liability company as it appears on the records of the Flo	orida Depa	artmeni	ŧ
of State is: HRUS INVESTMENT, LLC		·	
2. The Florida document/registration number assigned to this limited liability com	pany is:	Ds.	
	n 104	120	<b>1</b> へ
3. The date this member/manager withdrew/resigned or will withdraw/resign is: $\frac{1}{2}$	<u> </u>	120.	2_()
4. I. Dav March nez , hereby withdraw/resign as a (Print Name of Person Resigning)	•		
- MAR Frint Title)			
of this limited liability company and affirm the limited liability company has bee resignation in writing.	n notified	of my	
LautMarta		262	
Signature of Dissociating Member on Resigning Manager	•		
		$\Box$	
COS 00 (P : 1)	•	61 OHO 1831	
Filing Fee: \$25.00 (Required)  Certified Copy: \$30.00 (Optional)		_	
Certified Copy: \$30.00 (Optional)	. ' '	AM	*
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