

2/28/2018 10:08:23 AM

Ware, Amber S.

Foley & Lardner LLP

Page 3

Division of Corporations

Page 1 of 2

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H130000588073)))



H130000588073AB04

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 567-6360

From:

Account Name : FOLEY & LARDNER

Account Number : 072720000001

Phone : (904) 339-2000

Fax Number : (904) 339-6500

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT RESIGNATION

TWM PARTNERS, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$33.00

\$87.50

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TWM PARTNERS, LTD.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A94000001039

The enclosed Resignation of Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

CHARLES V. HEDRICK

Contact Person

F & L CORP

Firm/Company

ONE INDEPENDENT DRIVE, SUITE 1300

Address

JACKSONVILLE, FL 32202

City, State and Zip Code

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

For further information concerning this matter, please call:

AMBER WARE

Name of Contact Person

at (904)

359-8768

Area Code and Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for:

☒ \$87.50 Filing Fee

☐ \$140.00 (\$87.50 Filing Fee and \$52.50 Certified Copy Fee)

STREET ADDRESS:

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

MAILING ADDRESS:

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

H1800058807 3

**RESIGNATION OF REGISTERED AGENT
FOR
LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP**

Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,

F & L CORP

Name of Registered Agent

, hereby resigns as

Registered Agent for

TWM PARTNERS, LTD.

Name of Limited Partnership or Limited Liability Limited Partnership

A94000001039

Florida Document Number, if known

The agent is terminated on the 31st day after the date on which this statement is filed by the Florida Department of State.



Signature of Registered Agent

If signing on behalf of an entity:

CHARLES V. HEDRICK

Typed or Printed Name

AUTHORIZED SIGNATORY

Capacity

FILED
18 FEB 28 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$87.50

Certified Copy (optional): \$52.50

H18000058807 3



February 20, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TWM PARTNERS, LTD.
ATTN: FRAN HARP
PO BOX 411248
CHARLOTTE, NC 28241-1248

SUBJECT: TWM PARTNERS, LTD.
REF: A94000001039

We have received your document for TWM PARTNERS, LTD. and check(s) totaling \$35.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$52.50. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Judy A Leggett
Regulatory Specialist II
Registration Section

FAX Aud. #: H18000052658
Letter Number: 218A00003491

RECEIVED

FEB 28 2018