## L04000094187

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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SECRETARY OF STATE

R.H. Resign

G. Constitute MAR 2 1 2008

## COVER\_LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: TWY, LLC		
(Name of Limited Liability Company)  DOCUMENT NUMBER: L04000094187		
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:		
Maria R. Mayster (Name of Person)		
Hodgson Russ LLP (Name of Firm/Company)		
1801 N. Military Trail, Suite 200 (Address)		
Boca Raton, FL 33431 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Marla R. Mayster at (561) 862-4126 (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:  Amendment Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  - STREET ADDRESS:  Amendment Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301		

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509	), Florida Statutes, the undersigned,
HRAWG Corp.	, hereby resigns as
(Name of Registered Agent)	, and only toolgist as
Registered Agent for TWY, LLC	
(Name of Limited Liability C	Contenut
(Name of Limited Liability	, onipany)
L0400094187 (Document Number, if known)	
A copy of this resignation was mailed to the above listed li	mited liability company at its last known address.
The agency is terminated and the office discontinued on the	231st day after the date on which this statement is filed.
If signing on behalf of an entity:	EC 08
James M. Hankins	Name) Name) Name)
Vice President	Name) SEE O
(Capacity)	H 1 25 FLORID

FILING FEES:

Active limited liability company
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withdrawn limited liability company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