## 13000116727

(Re	equestor's Name)	
(Ac	ddress)	
(A.	J.J	
(AC	ddress)	
(Ci	ty/State/Zip/Phone	<del></del>
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
0.17.10.3		
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





200256756362

02/20/14--01008--012 \*\*25.00

FILED

14 FEB 20 PM 2: 48

SECRETARY OF STATE
AND ASSET FINE

FEB 2 1 2014

T. BROWN

## COVER LETTER!

TO: Registration Section Division of Corporations
SUBJECT: TNWC, LLC
(Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
USA DVW (Contact Person)
TNWC (Eirm/Company)
2416 GULFTO BAY BLVD. (Address)
CLEARWATER, FL 33765 (City/State and Zip Code)
For further information concerning this matter, please call:
LISA DVWV at 727, 755-3265
(Name of Contact Person) (Area Code & Daytime Telephone Number)  Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Character Circle Tallahassee, Florida 32314

CR2E079 (12/13)

Tallahassee, Florida 32301







## RESIGNATION OR DISSOCIATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the lir of State is:	nited liability company as it appears on the records of the Florida Departmen
L13000	ent/registration number of this limited liability company is:  1116727
3. The date this memb	per withdrew or will withdraw is: 12 30 2013
4. I, VICTORIA	J. VISLOCK-Y, DChereby resign as a MANAGER e of Person Resigning) (Print Title)
of this limited liabilities resignation in writing	ity company and affirm the limited liability company has been notified of my ng.
Signature of Resignature	gning or Dissociating Manager, Member
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)