L19000 108246

(Requestor's Name)			
, , ,			
(Address)			
(Address)			
10:4 10:4 10 to 20 40			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Solution of States			
Special Instructions to Filing Officer:			
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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 Florida Department
of State is:	TWOOD CAFE LLC	··································
2. The Florida docu	ıment/registration number	r assigned to this limited liability company is:
L19000108246		
3. The date this me	mber/manager withdrew/	resigned or will withdraw/resign is: May 13, 2020
4. I, WILLIAM WERLY (Print Name of Person Resigning)		hereby withdraw/resign as a
(Print N	ame of Person Resigning)	
AMBR		
	(Print Title)	2
of this limited lia resignation in wr	· · ·	the limited liability company has been notified of my
lir	12/1/1/	
Signature of Di	ssociating Mémber or Re	signing Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	