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.

(((H23000042614 3)))



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)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 : (855)498-5500 Phone Fax Number : (800)432-3622

LLC DISSOLUTION OR WITHDRAWAL TW HOLDING PARTNERS-OCALA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help



DocuSign Envelope ID: E92C2DC0-E889-4EBC-AFC8-D403D55E53EE

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: TW Holding Partners-Ocala, LLC	_	
Document number of Limited Liability Company is: L19000270883	_	
Date of dissolution was: 03/11/2022		
Description of information that must be included in a written claim:		
All claims shall be presented in writing and shall identify the claimant and contain sufficient information to reasonably inform the Company of the substance of the claim.		
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)	2023 FEB -	2 2 2 5
115 East Main Street, P.O. Box 311	PH	53
Thomaston, Georgia, 30286		Ç
C/O John Sillay, Assistant General Counsel	ξ	
A claim against the above named limited liability company will be barred unless a proceeding to enforce claim is commenced within 4 years after the filing of this notice.	he	
Glonn Jarrell, Authorized Signatory on benefit of TW Holding Partners-Oceia, LLC Gunn Jamill		
Printed Name of the Person Filing Signature of the Person Filing		