

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**L19000280111**

**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.

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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

**LLC DISSOLUTION OR WITHDRAWAL  
TW HOLDING PARTNERS-WESLEY CHAPEL, LLC**

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

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2023

APPROVED AND FILED  
2023 FEB - 1 PM 1:37

DocuSign Envelope ID: E92C2DC0-E869-4EBC-AFC8-D403055E53EE

### 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-Wesley Chapel, LLC

Document number of Limited Liability Company is: L19000280111

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):

115 East Main Street, P.O. Box 311

Thomaston, Georgia, 30286

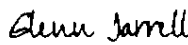
C/O John Sillay, Assistant General Counsel

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Glenn Jamell, Authorized Signatory on behalf of TW Holding Partners-Wesley Chapel, LLC

Printed Name of the Person Filing

DocuSigned by:



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Signature of the Person Filing

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