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(Re	questor's Name)		
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SECRETARY OF STATE

JQ 10/16/20

COVER LETTER

Divis	sion of Corporations		
SUBJECT:	TWW LLC		
SOBJECT.	(Name o	f Limited Liability Co	mpany)
The enclosed	d member, resignation or dis	ssociation and fee(s) are submitted for filing.
Please return	all correspondence concern	ning this matter to:	
Steven Laska			
	(Contact Person)		
TWW LLC			
	(Firm/Company)		_
617 Fast Jacks	on Street		
	(Address)		_
Orlando, Fl., 32	2819		
	(City/State and Zip Code)		_
For further is	nformation concerning this	matter, please call:	:
Steven Laska		954 at (383-2535
(N	lame of Contact Person)	(Area Code	_) e & Daytime Telephone Number)
•	ease find a check made paya		•
■ \$25 Filing	g Fee	□ \$55 Filin	g Fee & Certified Copy
<u>Mailir</u>	ng Address:		Street Address:
	stration Section		Registration Section
	sion of Corporations		Division of Corporations
	Box 6327		The Centre of Tallahassee
Talla	hassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)

TO: Registration Section



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 of State is:	limited liability company as it appears on the records of the Florida Department
2. The Florida docu L20000023689	ument/registration number assigned to this limited liability company is:
4. I, Scott E Cadwell	mber/manager withdrew/resigned or will withdraw/resign is: 9-1-2020
Member	(Print Title)
, resignation in wri	bility company and affirm the limited liability company has been notified of my ting. Sociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)