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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TW22 LLC	
(Name of Limited I	liability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
MICHAEL RAY VANDIVER	
(Contact Person)	
(Firm/Company)	
1100 TARPON WOODS BLVD.	
(Address)	
PALM HARBOR, FL 34685	
(City/State and Zip Code)	
For further information concerning this matter, p	lease call:
MICHAEL VANDIVER	727 992-1313
	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	e Florida Department of State for: \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee 2415 N. Monroe Street, Suite 819
Tallahassee, FL 32314	Tallahassee, FL 32303

CR2E079 (2/14)



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)

	limited liability company as it ap	pears on the records of the Florida Department
2. The Florida docu	ument/registration number assign	ed to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned	or will withdraw/resign is: 9/16/2024
4. I, MICHAEL RAY	VANDIVER Name of Person Resigning)	, hereby withdraw/resign as a
	nd Authorid Menler (Print Title)	
of this limited lia resignation in wr		ited liability company has been notified of my
Med	Ras Hass	
Signature of D	issociating Member or Resigning	Manager
	\$25.00 (Required) \$30.00 (Optional)	