L23000 H3 H1

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

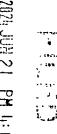
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2024 JUN 21 PM 4: 0 SECRETARY OF STATE TALL ANASSEE FO



COVER LETTER

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TO: Registration Section Division of Corporations

SUBJECT: TW AUTOMOTIVE LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L23000143141	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	e following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
9900 Spectrum Dr.	2021
Address	
Austin, TX 78717	P 2 12 12 12 12 12 12 12 12 12 12 12 12 1
City/State and Zip Code	PH HO8
raresignations@legalzoom.com	(10)
E-mail address: (to be used for future annual report notification)	TAE 08
For further information concerning this matter, please call:	
800 at (773-0888
Name of Person Area Code	Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.011	5, Florida Statutes, the under	signed,			
United States Corporation Agents, Inc.		_ , hereby resigns as				
Name of Registered Agent						
Registered Agent for	W AUTOMOTIVE	LLC	· · · · · · · · · · · · · · · · · · ·			
						.•
	Name of Lin	nited Liability Company				
L23000143141						
Document N	umber, if known					
A copy of this resignati	on was mailed to the	above listed limited liability c	ompany at its last k	cnown ac	ddress.	
The agency is terminate	ed and the office disco	ontinued on the 31st day after	the date on which t	.his state	ment is	i filed.
		rik Treutlein				
		Signature of Resigning Agent				
If signing on behalf of a	nn entity:					
	Erik Treutlein					
	Т	yped or Printed Name				
	Vice President for U	Inited States Corporation Age	nts, Inc.	т. ЭЗ	2021	
		Capacity		ALL ALL	<u></u>	() ()
				AE	≥ 2	44 ***********************************
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability cor Administratively dissolved	npany I/ voluntarily disso	ASS AND IVERTIFIED	2024 JUN 2 1 PM 4: (6

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314