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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

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۰, 33 Account Name : TRIAD PROFESSIONAL SERVICES

Account Number : I20160000008 Phone : (850)777-2091

Fax Number : (778)220-1943

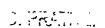
LLC DISSOLUTION OR WITHDRAWAL TW/OLSON HOLDINGS, LLC

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| | | (Name of F | oreign Limited Liabilit | y Company) | |
| Ocar Sir | or Medam | : | | | |
| The enc | losed withd | trawal and fee(s) are submit | ted for filing. | | |
| Ploase re | sturn all co | rrespondence concerning thi | is matter to the following | AE : | |
| Sharon | K. Gray | | | | |
| | | (Name of Person) | | - | |
| Tried P | rofessions | d Services | | | |
| | | (Firm/Company) | | - | |
| 1720 W | Andward C | Concourse, Sta. 390 | | | |
| | | (Address) | | - | |
| Alphare | tta, GA 3 | 0005 | | | |
| | | (City/State and Zip Co | de) | ! | |
| For furth | er hulormat | tion concerning this metter, | picase call: | | |
| Sheron | K. Gray | | 770 | 777-2091 | |
| , | (N | lame of Person) | | Deytime Telephone Number | ·) |
| | STREET/G | COURIER ADDRESS: | | LING ADDRESS: | |
| | Division of Clifton Bui | Corporations | Divis | ion of Corporations | |
| | | itive Center Circle | | Box 6327 hassee, Florida 32314 | |
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| Enclosed | b a check | for the following amount: | : | | |
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NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| TWOLSON HOLDINGS, LLC | | | |
|--|--|--|--|
| (Name of limited liability company) | | | |
| Delaware | | | |
| (Jurisdiction of its organization) | | | |
| 03/30/2005 | | | |
| (Date registered with Florida Department of Sizie) | | | |
| M0500001884 | | | |
| (Florida Document Number) | | | |
| This limited liability company is withdrawing its certificate of authority in this state. | | | |
| Effective Date, if other than the date of filing:(optional) | | | |
| (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) | | | |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. | | | |
| | | | |
| (Signature of authorized representative) | | | |
| Caroline G. Estreda | | | |
| (Typed or printed name of signee) | | | |

Filing Fee: \$25.00