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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878-5368

LLC DISSOLUTION OR WITHDRAWAL TWE GP HOLDINGS LLC

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	Registratio Division of	n Section Corporations		
evin the	TWE	GP Holdings LLC		
SUBJEC	.1;	(Name of For	ign Limited Liability (ompany)
Dear Sir	or Madam:			
		rawal and foc(s) are submitted	for Mine.	
		, -	-	
Piense re	tum ali cot	respondence concerning this	minital to me tonowing:	
William	Wesselma	n		
		(Name of Person)		
Time W	arner Cabl	<u>.</u>		
		(Firm/Company)		
60 Colu	mbus Circl	c		
		(Address)		
New Yo	nk NY 100	23		
		(City/State and Zip Code	*>	
For furth	er info nu a	tion concerning this matter, p	icase call:	
Willian	Wesselma	ın	212	364-8516
	ő	Name of Person)	at {	Daytime Telephone Number)
	Registration of Clifton But 2661 Execution	COURIER ADDRESS: on Section of Corporations allding outive Center Circle oe, Florida 32301	Regist Divisio P.O. B	JNG ADDRESS: ration Section on of Corporations lox 6327 assec, Florida 32314
Ènclose	d is a checl	k for the following amount:		
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

So the second se	(Name of limited liability company)
(Florida Document Number) (Florida Document Num	वाद
(Florida Document Number) This limited liability company is no longer transacting business in Florida and surrenders its nuthority to transact business in this state. This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida. ### Cling Warner Cable, 60 Columbus Circle (Mailing address) New York NY 10023 [City/State/Zip] The limited liability company agrees to notify the Department of State in the future of any change in its mailing address. City/State/Zip	(Jurisdiction of its organization)
This limited liability company is no longer transacting business in Florida and surrenders its uthority to transact business in this state. This limited liability company revokes the authority of its registered agent to accept service on its ehalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida. do Time Warner Cable, 60 Columbus Circle (Mailing address)	00002318
This limited liability company revokes the authority of its registered agent to accept service on its rehalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida. Company to the first of the company agrees to notify the Department of State in the future of any change in its mailing address.	(Florida Document Number)
City/State/Zip) New York NY 10023 (City/State/Zip) The limited liability company agrees to notify the Department of State in the future of any change its mailing address. City/State/Zip	limited liability company is no longer transacting business in Florida and surrenders its rity to transact business in this state.
New York NY 10023 (City/State/Zip)	imited liability company revokes the authority of its registered agent to accept service on its f and appoints the Department of State as its agent for service of process based on a cause ion arising during the time it was authorized to transact business in Florida.
New York NY 10023 (City/State/Zip) The limited liability company agrees to notify the Department of State in the future of any change in its mailing address. (Signature of member or authorized representative of a member) David A. Christman (Typed or printed name of signee)	c/o Time Warner Cable, 60 Columbus Circle
(City/State/Zip) The limited liability company agrees to notify the Department of State in the flaure of any change in its mailing address. Signature of member or authorized representative of a member) David A. Christman (Typed or printed name of signee)	(Mailing address)
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Signature of member or authorized representative of a member) David A. Christman Typed or printed name of signee)	(City/State/Zip)
David A. Christman (Typed or printed name of signee)	DIACLL
(Typed or printed name of signee)	
S	A. Christman
	ed or printed name of signee)

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