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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO:	_	Registration Section							
	Divisio	n of Corporations	\$						
SUBJI	ECT: _	AWA	OEV	モしいへ	ルモルエ	mpany)			
			(Name o	f Limited Li	ability Cor	mpany)			
The en filing.	iclosed r	nember, managin	g memb	er or man	ager resig	gnation and fee(s) are submitted fo			
Please	return a	ll correspondence	concer	ning this r	natter to:	:			
_ S 10	٥~	TESONE (Contact Per		,, ,		_			
		(Contact Per	son)						
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<u>mi</u>	mi,	F City/State and	4 0 Zip Code)						
For fu	rther inf	ormation concern	ing this	matter, pl	ease call:	:			
	510N (Nar	T ESUNE	on)	at (_	786 Area Code) 208.4833 e & Daytime Telephone Number)			
Enclos	sed pleas	se find a check m \$25 Filing Fe	ade paya	able to the	Florida l	Department of State for: \$55 Filing Fee & Certified Copy			
Regist Division Clifton 2661 I	tration Son of Con on of Con Buildin Executive	orporations	SS:			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the	limited liability	company as it a	appears on the rec	ords of the Flo	orida Departme	nt
of State is:	AWA P	TEVE LOPM EN	or, UL			,
2. This limited liab		-	nder the laws of:			
3. The Florida doc	ument/registratio		is limited liability 	company is:		
4. I, SION (Print N	L. TESON Jame of Person Res	E igning)	_, hereby resign a	as a <u>M(¬</u> l	int Title)	
of this limited lia resignation in wr		and affirm the li	mited liability con	npany has bee	n notified of my	y
Signature of Res	gning Member,	Managing Men	ber or Manager			
/ Filing Fee: Certified Copy:	\$25.00 (Req \$30.00 (Opti	,			07 NOV 30 AP	SECRETARY OF
					AH 10 :	ST

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