(R€	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	<u>-</u>
Certified Copies	Certificates	of Status
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## **COVER LETTER**

Division of Corporations		
SUBJECT: Freddy McGawath LLC (Name of Limited Liability Company)		
(Name of Limited Liability Company)		
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to:		
Alfred Georgiadis (Contact Person)		
Freddy Mcgavott, LC (Firm/Company)		
5600 McKinky St.		
HOLL WOOD FL. 3302 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Alfred Georgiadis at (954) LLLL - 0771 (Area Code & Daytime Telephone Number		
Enclosed please find a check made payable to the Florida Department of State for:  \$\square\$ \$\\$25\$ Filing Fee & Certified Copy		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle Tallahassee, Florida 32301

TO: Registration Section



## 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)

1. The name of the limited liability company as it appears on the records of the Florida Department
of State is: Freddy Maga Wat, LLC.
2. The Florida document/registration number assigned to this limited liability company is:
LOH.0000 85323
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1013 5
4. I, MINAME of Person Resigning), hereby withdraw/resign as a
Mnaging Member:
of this limited liability company and affirm the limited liability company has been my resignation in writing.
January - for William McHuch Signature of Dissociating Member or Resigning Manager decrased 7/27/15
Filing Fee: \$25.00 (Required)