LO4000092602

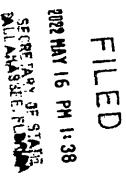
(Ke	questor's Name)	
. <u> </u>		
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
,	•	,
PICK-UP	☐ WAIT	MAIL
_	_	_
		
(Bu	siness Entity Nan	ne)
(Do	cument Number)	<u> </u>
Certified Copies	Certificates	of Status
Γ		-
Special Instructions to	Filing Officer:	
<u> </u>		

Office Use Only



300387444773

97.1: 22--99.7:--936 **27.00



ju

COVER LETTER .

Division of Corporations	
SUBJECT: AWE Tampa West LLC	
(Name of Li	imited Liability Company)
The enclosed member, resignation or disso	ociation and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to:
Michael B Whitt	
(Contact Person)	
AWE Tampa West LLC	
(Firm/Company)	
5032 Tampa West Blvd	
(Address)	
Tampa FL 33634	·
(City/State and Zip Code)	
For further information concerning this ma	itter, please call:
Gina Whitt	at (813) 885-7070
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable	e to the Florida Department of State for:
△ S25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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: AW	E Tampa West LLC
2. The Florida doci	ument/registration number assigned to this limited liability company is:
L0400009260	2
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: 4/30/2022
	lexander, Jr, hereby withdraw/resign as a lame of Person Resigning)
MGRM	(Prim Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has be a notified of my iting.
Signature of Di	Malaylander January Socialing Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)



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 lin	mited liability company as it appears on the records of the Florida Department
of State is: <u>AWE</u>	Tampa West LLC
2. The Florida docum	ent/registration number assigned to this limited liability company is:
L04000092602	
3. The date this mem	ber/manager withdrew/resigned or will withdraw/resign is: 4/30/2022
MGRM	ander, Jr, hereby withdraw/resign as a see a se
·	ity company and affirm the limited liability company has been notified of my
Signature of Disse	Malandar Jr - pociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)

\$25.00 (Required)

\$30.00 (Optional)

Certified Copy: