

104 0000 92602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300387444773

2011-22-0016-035 **25.00

FILED
2022 MAY 16 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2022 MAY 16 PM 1:38

SECRETARY OF STATE

Jul

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AWE Tampa West LLC
(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:

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 matter, please call:

Gina Whitt

(Name of Contact Person)

at (813) 885-7070

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
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: AWE Tampa West LLC

2. The Florida document/registration number assigned to this limited liability company is:

L04000092602

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4/30/2022

4. I, Joseph H Alexander, Jr., hereby withdraw/resign as a
(Print Name of Person Resigning)

MGRM

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Joseph H Alexander Jr.
Signature of Dissociating Member or Resigning Manager

FILED
2022 MAY 16 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00 (Required)
Certified Copy: \$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 limited liability company as it appears on the records of the Florida Department of State is: AWE Tampa West LLC

2. The Florida document/registration number assigned to this limited liability company is:
L04000092602

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4/30/2022

4. I, Joseph H Alexander, Jr., hereby withdraw/resign as a
(Print Name of Person Resigning)

MGRM

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Joseph H Alexander Jr.
Signature of Dissociating Member or Resigning Manager

FILED
2022 MAY 16 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)