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SECRETARY OF STATE
AND AHASSEE, FLORIDA

D. BRUCE

APR 06 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: E(B FW LLC (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Wash Spilling (Contact Person)
(Firm/Company)
P.O. Box 218 (Address)
Bow Oston, FL 33429 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (Sto1) 368-0008 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 Tallahassee, Florida 32301 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

	mited liability company as it app FIRE FUN ILLC	pears on the records of the Flo	-	nt
2. This limited liabil	ity company was organized under	er the laws of:		
2 The Florida docum	nent/registration number of this	limited liability company is:		
		initied hability company is.	•	
_65000	028737			
4. I, (Print National	ne of Person Resigning)	hereby resign as a <u>excie</u>	int Title)	-
of this limited liabi	lity company and affirm the limi	ted liability company has bee	n notified of m	.y
resignation in writi	• •			
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A				٠
City of Control			224	
Signature of Resig	ning Member, Managing Membe	er or Manager	<u> </u>	2
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			AS A	1
Filing Fee:	\$25.00 (Required)		Si	<u>ဂ</u>
Certified Copy:	\$30.00 (Optional)		<u></u>	
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