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BECKETARY OF STATE

D. BRUCE
APR 0 6 2012

EXAMINER

COVER LETTER

TO: Registration Section

CR2E079 (5/06)

Division of Corporations			
SUBJECT: Live LW Paso, LLC			
(Name of Limited Liability Cor	mpany)		
The enclosed member, managing member or manager resig filing.	gnation and fee(s) are submitted	for	
Please return all correspondence concerning this matter to:			
Mark Spillano			
(Contact Person)	_		
Fire LW FOAD, LLC (Firm/Company)	_		
P.O. Box 218 (Address)	_		
Boca Paton FL 33429 (City/State and Zip Code)	_		
For further information concerning this matter, please call:	2 :		
1		12 APR -5	
(Name of Contact Person) at (Area Code Enclosed please find a check made payable to the Florida I \$25 Filing Fee	Department of State for:	SO 1 181	ED
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301			



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as it a		Florida Department
2. This limited liab	ility company was organized und	der the laws of: 	
3. The Florida doc	ument/registration number of this	s limited liability company i	s:
1,0500	0028938		
4. I, Jane	1	_, hereby resign as a <u>FRAU</u>	(Print Title)
of this limited lia	bility company and affirm the lir	nited liability company has	been notified of my
resignation in wr		, ,	•
Signature of Res	gning Member, Managing Mem	ber or Manager	574f g
-	<u>-</u>	-	AM K
			<u> </u>
Filing Fee:	\$25.00 (Required)		AS A
Certified Copy:	\$30.00 (Optional)		A Mil

CR2E079 (5/06)