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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

JUL - 6 2010

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: /WOWTITLE LL C (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:
Matte L. Harrison
(Firm/Company)
6501 4th Avena N.
(Address)  SRedersland For Sand Sip Code)  For further information concerning this matter, please call:
(Name of Contact Person)  (Name of Contact Person)  (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 2661 Executive Center Circle 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

I. The name of th	e limited liability comp		rs on the rec		Florida Dep	partment
2. This limited lia	bility company was or	ganized under t	he laws of:	ſ		
3. The Florida do	cument/registration num	<u> </u>				
of this limited li	Name of Person Resigning ability company and al	<del>)</del>		,	(Print Title) been notified	d of my
resignation in w	AR-	nging Mambar	or Monagar	a	•	• •
Filing Fee: Certified Copy:	\$25.00 (Required \$30.00 (Optional)	· · · · · · · · · · · · · · · · · · ·	or ivianager		· .	SECRET DIVISION

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