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SECRETARY OF STATE
TALLAHASSEE, FI ORIO

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: A & W 7, He LCC (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:
SANDRA A. (DEST (Contact Person)
A. LW T. L/e LCC (Firm/Company)
9780 5 W 222 Tere. (Address)
Miami, FC 33150 (City/State and Zip Code)
For further information concerning this matter, please call:
SAWDAA A. West at (305) 234-9708 (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 P.O. Box 6327 Tallahassee, Florida, 32314

CR2E079 (5/06)

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 compa			of the Flori	•	rtment	
	ility company was org		r the laws of:			•	
	ument/registration num		imited liability con	npany is:			
	V. Scalese ame of Person Resigning)						ber
of this limited lial resignation in wri	pility company and aff	firm the limi	ted liability compai	ny has been i	notified	of my	
Signature of Resi	gning Member, Manag	ging Membe	er or Manager				
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				SECRET/ TALLAHA	2008 MAR	