## LD600003357

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL.
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
Resign		
V	Office Use On	lv ·



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SECRETARY SE STATE DIVISION OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations	
•	
SUBJECT: MSW, LLC	
(Name of Limi	ted Liability Company)
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning	this matter to:
Joe Selway	
(Contact Person)	
MSW, LLC	
(Firm/Company)	
26 S. Brooksville Ave.	·
(Address)	
Brooksville, FL 34601	
(City/State and Zip Code)	<del></del>
For further information concerning this matte	er, please call:
Joe Selway	at ( 352 ) 799-8070
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for:  \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the of State is: MS	limited liability company as it W, LLC	appears on the records	s of the Florida Dcp	oartm ———	ent 
2. This limited liab Florida	ility company was organized u	nder the laws of:			
3. The Florida docu L06000003	nment/registration number of th	his limited liability con	npany is:		
4. I. Chuck Ma	ynard	, hereby resign as a	Manager		
	ome of Person Resigning)		(Print Title)		<del></del>
resignation in wr	bility company and affirm the liting.  gning Member, Managing Me		ny has been notifie	o7 0CT 24	SECRETAR DIVISION OF
<del></del>	\$25.00 (Required) \$30.00 (Optional)			4 PH12: 0	ので 1.全日 31. 41.