

LO6 0000 45381

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(Address)

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(City/State/Zip/Phone #)

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FALLS, MD 20741

LO6-45381
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JWHW, 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:

Hopeton Williams

(Contact Person)

JWHW, LLC

(Firm/Company)

P.O. Box 433

(Address)

Palm Harbor, FL 34682

(City/State and Zip Code)

For further information concerning this matter, please call:

Hopeton Williams

(Name of Contact Person)

at (727)

480-3738

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 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

2007 OCT - 8 5:11:21
SEC. OF STATE
TALLAHASSEE, FLORIDA



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 limited liability company as it appears on the records of the Florida Department of State is: **JWHW, LLC**

2. This limited liability company was organized under the laws of:
Florida

3. The Florida document/registration number of this limited liability company is:
L06000045381

4. I, **Julie W. Williams**, hereby resign as a **MGRM**
(Print Name of Person Resigning) *(Print Title)*
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

 9/28/07
Signature of Resigning Member, Managing Member or Manager

Filing Fee: **\$25.00 (Required)**
Certified Copy: **\$30.00 (Optional)**