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K. SALY EXAMINER JUL 5 2011

COVER LETTER

	stration Section ion of Corporations		
SUBJECT:	Wecannspeiz, LLC	11.19.0	
	(Name of Limite	з Ставину Со	ompany)
The enclosed filing.	member, managing member or m	anager resi	ignation and fee(s) are submitted for
Please return	all correspondence concerning th	is matter to	:
Michael S	peizman		
	(Contact Person)		~
Wecanns	peiz, LLC		_
	(Firm/Company)		
656 Berke	ley St.		
	(Address)		•
Boca Rate	on, Fl. 33487		_
	(City/State and Zip Code)		
For further in	formation concerning this matter,	please call	:
Michael S	peizmana	561	3925500
(Na	me of Contact Person)	(Area Code	e & Daytime Telephone Number)
Enclosed plea	se find a check made payable to to to \$\sqrt{\sqrt{\sqrt{\chi}}\$25 Filing Fee		Department of State for: \$55 Filing Fee & Certified Copy
Registration S Division of C Clifton Build 2661 Executi Tallahassee, I	orporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
CR2E079 (5/06)			

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11 JUL - I AM II: 49 SEUNCTARY 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

	the limited liability company as it appo Wecannspelz, LLC	ears on the records of the	Florida Department
2. This limited Florida	liability company was organized under	the laws of:	
	document/registration number of this line 171 20600048626	nited liability company is	s:
4. I, Anthon	y Cannella Int Name of Person Resigning)	nereby resign as a Mbr	(Print Title)
	liability company and affirm the limite	d liability company has l	neen notified of my
South	my F. Cannel	<u>~</u>	
Signature of	Resigning Member, Managing Member	or Manager	
Filing Fee: Certified Copy	\$25.00 (Required) : \$30.00 (Optional)		

CR2E079 (5/06)