
106000094819

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| 789 707 671 |

Office Use Only



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11/13/07--01045--013 **35.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

AR IO AMI

COVER LETTER

| Division of Corporations | | |
|--|---|------------------------|
| SUBJECT: RWDP, LLC (Name of Limited I | Liability Company) | |
| The enclosed member, managing member or marfiling. | nager resignation and fee(s) are submitted | for |
| Please return all correspondence concerning this | matter to: | |
| Richard Wendorf (Contact Person) | <u> </u> | |
| (Firm/Company) | | • |
| 173 Albert Lane | | |
| City/State and Zip Code) | 33952 | SECRETAR PALLAHASSI |
| For further information concerning this matter, p | lease call: | F, FL |
| (Name of Contact Person) at (| (Area Code & Daytime Telephone Number) | ORIDA |
| Enclosed please find a check made payable to the \$25 Filing Fee | Florida Department of State for: \$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 | |

08 MAR 10 AM 10: 37

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE-Division of Corporations

November 14, 2007

RICHARD WENDORF 17403 ABBOTT AVENUE PORT CHARLOTTE, FL 33954

SUBJECT: RWDP LLC Ref. Number: L06000094819

We have received your document for RWDP LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 307A00065730

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

| _ | limited liability company as it appears on the records of the Florid | da Departn | nent |
|--------------------------------|--|--------------------|--------------|
| | ility company was organized under the laws of: | SECRETARY OF | 08 MAR 10 AI |
| | ument/registration number of this limited liability company is: | F STATE FLORIDA | AM 10: 37 |
| | hility company and offirm the limited liability company has been a | J itle) | _ |
| resignation in wr | bility company and affirm the limited liability company has been ring. | ionned of | my |
| Signature of Resi | gning Member, Managing Member or Manager | | |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | |