## L070000(4035

(Req	uestor's Name)	•		
(Address)				
(Addi	ress)			
(City/	/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

<u>. کرو</u>

Office Use Only



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08/23/10--01017--001 \*\*25.00



S. HAWKES

AUG 2 4 2010

EXAMINER

## **COVER LETTER**

•	stration Section	
DIVIS	sion of Corporations	
SUBJECT:	SWAT ALL LLC	
	(Name of Limi	ted Liability Company)
The enclosed filing.	d member, managing member or	manager resignation and fee(s) are submitted for
Please return	all correspondence concerning t	his matter to:
LUIS R S	BMITH	
	(Contact Person)	
JESSEL	INVESTMENTS LLC	
	(Firm/Company)	<del></del>
11402 N\	W 41ST STREET STE 2	11
	(Address)	
DORAL,	FL. 33178	
	, (City/State and Zip Code)	
For further in	nformation concerning this matte	r, please call:
LUIS R S	HTIM	at (305) 470-2429
(N	ame of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed ple	ease find a check made payable to	the Florida Department of State for:
•	\$25 Filing Fee	
	_	Certified Copy
	OURIER ADDRESS:	MAILING ADDRESS:
Registration		Registration Section
Division of C	-	Division of Corporations
Clifton Build	ling ive Center Circle	P.O. Box 6327
	Florida 32301	Tallahassee, Florida 32314

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



1. The name of the of State is: <u>SW</u>		it appears on the records of the Florida Department.
2. This limited liabi	lity company was organized	under the laws of:
3. The Florida docu 		this limited liability company is:
4. I, VANESSA (Print No.	YANEZ me of Person Resigning)	, hereby resign as a MANAGER PARTNER
of this limited liab resignation in wri	ility company and affirm the	e limited liability company has been notified of my
Filing Fee: Certified Conv:	\$25.00 (Required) \$30.00 (Optional)	