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(Req	uestor's Name)	
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DIVISION OF CORPORATIONS

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: SWFY TORM	EA LLC d Liability Company)
The enclosed member, managing member or mfiling.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
SIDNEY TURNER (Contact Person)	
(Firm/Company)	
3417 NW 51 ST Place	
BOCH RAJON FL3 (City/State and Zip Code)	3496
For further information concerning this matter,	
SIDIYEY TURIYER (Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to a \$25 Filing Fee	the 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

CR2E079 (5/06)

TO:



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	imited liability company a	is it appears on the records of the	Florida Department
	lity company was organize		
	ment/registration number o の 2990ス	of this limited liability company i	is:
4. I, <u>S ( ) NE Y</u> (Print Na	TURHER, P.C.	, hereby resign as a	EMBEN (Print Title)
of this limited liab resignation in writ	ility company and affirm tiing.	he limited liability company has	
Signature of Resignature	gning Member, Managing	Member or Manager	DIVISION  07 AUG
	\$25.00 (Required) \$30.00 (Optional)		ON OF COMPORT