(Requestor's Name)
(Address)
(Address)
•
(City/State/Zip/Phone #)
·
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(Business Entity Name)
(Document Number)
Certified CopiesCertificates of Status
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G. MCLEOD

OCT - 9 2009

EXAMINES



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10/08/09--01004--003 **25.00

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Williams W2 LLC	
(Name of Limited Li	ability Company)
The enclosed member, managing member or mana filing.	nger resignation and fee(s) are submitted for
Please return all correspondence concerning this n	natter to:
P. Wayne Williams	
(Contact Person)	
Williams W2 LLC	
· (Firm/Company)	
3213 Masters Drive	
(Address)	
Clearwater FL 33761 (City/State and Zip Code)	
' (City/State and Zip Code)	
For further information concerning this matter, ple	ease call:
P Wayne Williams at (_	727 524-4188 Area Code & Daytime Telephone Number)
(Name of Contact Person) (A	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 &
V V V V V V V V V V	Certified Copy
(-	
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



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 i	t appears on the records of	the Florida Depart	ment
	lity company was organized insferred to FL	under the laws of:		
3. The Florida docu LO8000063	ment/registration number of t	this limited liability compar	ny is:	
•	Villiams ome of Person Resigning) oility company and affirm the	, hereby resign as a M	(Print Title)	
resignation in wri		minoc naomy company n		DIV
/	gning Member, Managing Me	ember or Manager)9 OCT -8	SECRETARY
-	\$25.00 (Required) \$30.00 (Optional)		PM 1: 20	ORPORATI