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EXAMINER



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SECRETARY OF CHARLED DIVISION OF CHARLES OF THE PROPERTY OF TH

## **COVER LETTER**

TO: Registration Section Division of Corporations	4.
SUBJECT: WOSS COVAL (Name of Li	imited Liability Company)
The enclosed member, managing member filing.	or manager resignation and fee(s) are submitted for
Please return all correspondence concernin	ig this matter to:
Alan Waserstei	
(Contact Person)	
Was (val Ladie	s We
(00) NW 153 S	#110
Ma US IF 3	3014
(City/State and Zip Code)	
For further information concerning this ma	tter, please call:
Levesa Marque	D. 30T, 8278373
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee	to the Florida Department of State for:  \$55 Filing Fee &  Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
LUBURDON AT L'APPACEATIANA	Linusian at Camarations

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: WASS COPAL LANDINGS UC	artme	nt
2. This limited liability company was organized under the laws of:		
3. The Florida document/registration number of this limited liability company is:  L0900032848  4. I, All Wolfs (Print Name of Person Resigning), hereby resign as a Managing (Rent Title) of this limited liability company and affirm the limited liability company has been notified resignation in writing.		
Signature of Resigning Member, Mahaging Member or Manager  Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	09 MAY -1 PM 1: 49	SECRETARY OF CONTROL OF STATIONS