109000065143

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(Cit	ty/State/Zip/Phone	#)
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: JWA HOLDINGS, LLC (Name of Limited Liability Con	npany)
The enclosed member, managing member or manager resig filing.	nation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
Mark Blumstein, Esq.	ਜ਼ਿਲ੍ਹੀ । ਜ਼ਿਲ੍ਹੀ । ਜ਼ਿਲ੍ਹੀ ਦੁਸ਼ਤ
(Contact Person)	क (50) (10)
The Blumstein Law Firm	The state of the s
(Firm/Company)	
19495 Biscayne Blvd., Suite 411	>
(Address)	_
Aventura, FL 33180	
(City/State and Zip Code)	_
For further information concerning this matter, please call:	
Leo Fox, Esq. at (561	, 395-1707
(Name of Contact Person) (Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D \$25 Filing Fee	Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:

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

Registration Section 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

of State is: JWA Holdings, LLC	
This limited liability company was organized	d under the laws of:
Florida	
The Florida document/registration number o	Cabin limited liability or manager in
L0900065143	it this filmited hability company is:
L09000065143	<u> </u>
L09000065143	<u> </u>
L09000065143	, hereby resign as a Member (Print Title)
L0900065143 I, Will J. Harman (Print Name of Person Resigning)	<u> </u>
L0900065143 I, Will J. Harman (Print Name of Person Resigning) of this limited liability company and affirm the	, hereby resign as a Member (Print Title)

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: