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SECRETARY OF STATE OF WISION OF CORFOR A HIGH

C. LEWIS

DEC 1 0 2012

EXAMINER

## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Rod Amor
(Contact Person)
APW (Firm/Company)
11600 W. State Road 84 Suite# 551253 Ft Landerdale FC 33355
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (954) 3247557  (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 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)



FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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## 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 lim of State is:	nited liability company as it a	appears on the records o	f the Florida Department
2. This limited liability	y company was organized un	der the laws of:	
3. The Florida docume	ent/registration number of the	is limited liability comp	any is:
4. I, Roun le	PHM CY e of Person Resigning)	, hereby resign as a	MG-R M (Print Title)
of this limited liabili resignation in writin	ty company and affirm the li		
Signature of Resign	ing Member, Managing Men	nber or Manager	
_	\$25.00 (Required) \$30.00 (Optional)		