Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NOEL R. PUTG LLC -

Account Number : I20080000103

Phone : (305)267-0334

Fax Number

: (305)267-0793

\*\*Enter the email address for this business entity to be used for fulnite annual report mailings. Enter only one email address please.\*\*

Email Address: NAVIGE NOEL PUIG. Com

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN W SIGMA LLC

Certificate of Status	0
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JUN 16 2010

**EXAMINER** 

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6/15/2010

13:18 06/15/10GMT-04 Pg 01-03

Fm:My e-Fax (786) 522-9073 - Noel R. Pulg, LLC To:Amendment to W Sigma LLC

## (((H100001403113)))

#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: W SIGMA LLC	
(Name of Limited Liability C	Company)
The enclosed member, managing member or manager refiling.	signation and fee(s) are submitted for
Please return all correspondence concerning this matter t	ZHI JUN 15 SECRETAR TALLAHASS
WILLIAM SOARES	CRE LAH
(Contact Person)	HASSI
,	S S S
W SIGMA LLC	
(Firm/Company)	000 <b>%</b>
133 NE 2ND AVE SUITE 2610	22 27 28 28
(Address)	•
MIAMI FL 33132	
(City/State and Zip Code)	
For further information concerning this matter, please ca	dt:
WILLIAM SOARES at 786	302-6327
	ode & Daytime Telephone Number)
Enclosed please find a check made payable to the Florid  \$25 Filing Fee	a Department of State for:  \$55 Filing Fee &  Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations  P.O. Pow 6227
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassec, Florida 32314
Tallahassee, Florida 32301	A TRIBUTATION OF THE TRANSPORT
CR2E079 (5/06) (((H10000140311 3)))	······································

(((H10000140311 3)))



# 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 of State is: W 5	limited liability company as it appear	rs on the records of the Fl	orida Departmen
2. This limited liab	ility company was organized under th	ne laws of:	TALL AHAS
3. The Florida doct	ument/registration number of this lim	ited liability company is:	15 AM & 2 ARY OF STAT SSEE, FLORI
4. I, WASHING	TON MANFRINI SOARES, he		rint Title)
	pility company and affirm the limited	`	•
		· !	
Signature of Resi	gning Member, Managing Member o	r Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		
es."	(((H10000140311 3)))		
		•	

CR2E079 (5/06)