## L10000036382

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	· · ·
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T. HAMPTON
JUL - 2 2010

EXAMINER

## **COVER LETTER**

_	stration Section sion of Corporations	·•
	•	
SUBJECT:	WESTA LLC	
	(Name of Limited	Liability Company)
The enclosed filing.	d member, managing member or m	anager resignation and fee(s) are submitted for
Please return	all correspondence concerning the	s matter to:
Vincent 0	G Amorando	
	(Contact Person)	
WESTA I		<del></del>
	(Firm/Company)	
5221 Bet	hany Lane	
	(Address)	$w_{ij}$
Haverhill	, Florida 33415	
<del></del>	(City/State and Zip Code)	
For further i	nformation concerning this matter,	please call:
Vincent A	Amorando a	t 561 242-2328
(N	lame of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed ple	ease find a check made payable to t	he Florida Department of State for:
	\$25 Filing Fee	\$55 Filing Fee &
	<u> </u>	Certified Copy
STREET/C	OURIER ADDRESS:	MAILING ADDRESS:
Registration		Registration Section
	Corporations	Division of Corporations
Clifton Buile	ding	P.O. Box 6327
2661 Execut	ive 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

1. The name of the of State is: WE		rit appears on the records of the Florida Depart	ment —·
2. This limited liab	ility company was organize	i under the laws of:	
3. The Florida doce L10000036	_	f this limited liability company is:	
4. I, Maryna Da	AVINCI  Same of Person Resigning)	, hereby resign as a Manager (Print Title)	
	bility company and affirm th	te limited liability company has been notified of	f my
Manya C Signature of Resi	gning Member, Managing N	Member or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	10 JU	SECRE

SECRETARY OF STATE DIVISION OF CORPORATIONS