L10000117941

(Re	questor's Name)			
(Address)				
——————————————————————————————————————	dress)	· · · ·		
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	MAIT	MAIL		
, (Bu	siness Entity Nar	me)		
(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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B. KOHR

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EXAMINER



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COVER LETTER

1 CE BUILDICH LECTEN	
Division of Conporations	
SUBJECT: AWAKE 2114, LLC	
(Name of Limited	Liability (Company)
The enclosed member, managing member or ma filing.	unager resignation and fee(s) are submitted for
Please return all correspondence concerning this	imatterito:
MANUEL MARRERO, CPA	
((Contact Rerson)	
LIMA, RIOS & MARRERO, PA	
(Firm/Company)	
8360 W. FLAGLER ST #200	
(Address)	
MIAMI, FL 33144	
(City/State:and:Zip(Code)	
For further information concerning this matter,	please call:
MANUEL MARRERO, CPA at	(305) 554-7229
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	
\$25 Filing Fee	\$55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS: *.	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
266l Executive Center Circle	Tallahassee, Florida 32314
Mallahassoe, Florida 32301	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE IDIVISION OF CORPORATIONS

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



	llimited liability company as /AKE 2114,LLC	iit appears on the records of	the Florida Department
2. This limited liab	oility company was organized	lunder the laws of:	
3. The Florida doc L1000011	ument/registration number o	fithis limited liability compa	nny iis:
4. I. GABRIELA SCALISI (Print Name of Person Resigning)		, hereby resign as a M	(Print Title)
•	bility company and affirm th	e llimited liability company	,
Signature of Res	igning Member, Managing N	1ember or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		
certifice copy.	Ψουίου (Optional)		



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



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

I. The name of the of State is: AV	limited liability company as /AKE 2114,LLC	it appears on the records of the Florida Department
	ility company was organized	under the laws of:
3. The Florida doc L1000011		this limited liability company is:
4. I, GABRIELA SCALISI		, hereby resign as a MGR
	(ame of Person Resigning)	(Print Title) e limited liability company has been notified of my
resignation in wr		e annited habitity company has been notified of my
Signature of Resi	gning Member, Managing M	ember or Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	