

L10000121045

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : CHRISTINA M. KITTERMAN, P.A.  
Account Number : I20100000015  
Phone : (954)533-4431  
Fax Number : (954)320-6932

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

Email Address: OKitterman@cmk-law.com

RECEIVED  
21 JUL 21 PM 4:07  
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TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BARWIZE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

T. CLINE  
JUL 22 2011  
EXAMINER

### COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Barwize, LLC

(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:

Christina M. Kitterman

(Contact Person)

Barwize, LLC

(Firm/Company)

100 SE Third Avenue, Suite 1300

(Address)

Fort Lauderdale, FL 33394

(City/State and Zip Code)

For further information concerning this matter, please call:

Christina M. Kitterman

(Name of Contact Person)

at ( 954 ) 533-4431

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 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

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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**

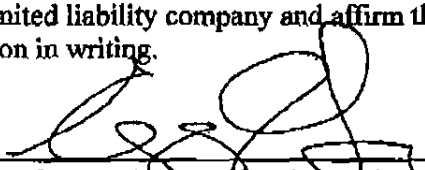
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Barwize

2. This limited liability company was organized under the laws of:  
Florida

3. The Florida document/registration number of this limited liability company is:  
L10000121045

4. I, Gregory C. Jones, hereby resign as a MGMR  
*(Print Name of Person Resigning)* *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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