## L11000040857

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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B. BOSTICK
AUG 5 2011
EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: KLW Events Group, LLC		-	
(Name of Limited Liability Cor	npany)		
The enclosed member, managing member or manager resignifing.	gnation and fee(s) are submitted	d for	
Please return all correspondence concerning this matter to:			
Karen Whitaker	_		
(Contact Person)			
KLW Events Group, LLC	_		
(Firm/Company)	7.7		
1151 Oak Creek Court	- ALLA	F 11 1	
(Address)	## A S	AUG -	ALTONOMIC COMPANY
Winter Springs, FL 32708		-4	j
(City/State and Zip Code)		; <u></u>	
For further information concerning this matter, please call:	ORIDA ,	Pii 2:41	*******
Karen Whitaker at 407	620-7248	-	
(Name of Contact Person) (Area Code	& Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida I \$25 Filing Fee	Department of State for: \$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		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	e limited liability company as W Events Group, LLC		s of the Florida D	)epartmen 	t ·
2. This limited liab	oility company was organized Orida	l under the laws of:			
3. The Florida doc L1100004	ument/registration number of 0857	fthis limited liability con	npany is:		
<sub>4. I,</sub> Lauren W	hitaker	, hereby resign as a	Managing N	<u>lember</u>	
(Print N	lame of Person Resigning)		(Print Title	)	
of this limited lia resignation in wr	bility company and affirm the iting.	e limited liability compa	ny has been notif	ied of my	
Signature of Res	igning Member, Managing M	lember or Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		TALLAHAS	11 AUG	

CR2E079 (5/06)