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(Requestor's Name)					
(Address)					
(asset)					
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(Cit. (Cit. A. 77 in /D) 40					
(City/State/Zip/Phone #)					
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EXAMINER

NEF

COVER LETTER

CR2E079 (5/06)

TO:	Registration Section Division of Corporations			
SUBJ	ECT: EWS Electronic Workflow (Name of Limited Li			
The enfiling.	nclosed member, managing member or mana	nger resignation and fee(s) are submi	tted fo	r
Please	return all correspondence concerning this n	natter to:		
	Jose A. Reyes Padilla (Contact Person)			
<u></u>	EWS Electronic Workflow Solutions, (Firm/Company)	LLC		
	550 SW 108 Avenue #305 (Address)			2012 福界
	Pembroke Pines, FL 33025 (City/State and Zip Code)			26 PH
For fu	rther information concerning this matter, ple	ease call:	DAIC	2: 55
Jo		954) 496-3376 trea Code & Daytime Telephone Number	er)	
Enclos	sed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: x \$55 Filing Fee & Certified Copy		
Regist Divisi Cliftor 2661 I	ET/COURIER ADDRESS: ration Section on of Corporations n Building Executive Center Circle assee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as EWS Elecronic Workflow	• •	the Florida Department
2. This limited liab	ility company was organized	i under the laws of:	
Flo	orida	·	
3. The Florida doc	ument/registration number o	f this limited liability compa	any is:
4. I, <u>Mark [</u> (Print N	E. Erlewine, Sr. 'ame of Person Resigning)	, hereby resign as a	Manager (Print Title)
of this limited lia resignation in wr	bility company and affirm th	e limited liability company	has been notified of my
m	ack E. Erlewin	Si.	
	igning Member, Managing N		2912 t 56 6 h
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		ER 26 TH