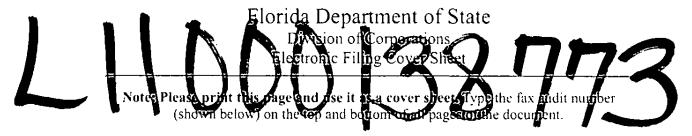
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7/2/25, 8:57 AM

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEVINE & PARTNERS, P.A.

Account Number : 074677001117

Phone : (305)372-1350

Fax Number : (305)423-3206

**Enter the email address for this business entity to be used for future

..등兵annual report mailings. Enter only one email address please.**

Email Address: gsr@levinelawfirm.com

LLC REGISTERED AGENT RESIGNATION **AWM GROUP LLC**

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
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M. SOLOMON

JUL - 7 2025

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the prov | risions of section 605.011 | 15. Florida Statutes, the un | idersigned, | | |
|-------------------------|--------------------------------|---|-------------|-------------|-------|
| Levine & Partners, P.A. | | , hereby resigns as | | | |
| | Name of Registered Age | | | | |
| Registered Agent fo | r AWM Group LLC | | | | |
| | Name of Lie | mited Liability Company | | , | |
| | Name of Ea | mice ziacanty company | | | |
| L11000138773 | | | | | |
| Docume | nt Number, if known | | | | |
| The agency is termi | _ | ontinued on the 31st day a W. Levin Signature of Resigning Agen | | ement is fi | iled. |
| If signing on behalf | of an entity: | | | | |
| | Alan W. Levine | | | 2025 | |
| | Director | Typed or Printed Name | | 2025 JUL - | • |
| | | Capacity | | -2 P | |
| | FILING \$ 85.00 \$ 25.00 | FEES: Active limited liability | company | PH 4: 47 | J |

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

withdrawn limited liability company