

7/2/25, 8:57 AM

Division of Corporations

## Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Notes Please print this page and use it as a cover sheet. Type the fax and id number (shown below) on the top and bottom of all pages of the document.

(((H25000233635 3)))



H250002336353ABCS

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page.  
Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEVINE &amp; 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 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
Page Count	01
Estimated Charge	\$85.00

M. SOLOMON

JUL - 7 2025

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Levine & Partners, P.A.

, hereby resigns as

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for AWM Group LLC

\_\_\_\_\_  
Name of Limited Liability Company

L11000138773

\_\_\_\_\_  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

*Alan W. Levine*

\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

Alan W. Levine

\_\_\_\_\_  
Typed or Printed Name

Director

\_\_\_\_\_  
Capacity

### **FILING FEES:**

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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

2025 JUL -2 PM 4:47

FILED