

L12000079844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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(Business Entity Name)

(Document Number)

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2015 NOV 17 P 12:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S Warren

NOV 18 2016

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** C W ALERT, LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Kimberly Walker  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

10305 Lake Grove Dr  
(Address)

Odessa, FL 33556  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kimberly Walker at ( 813 ) 926-9062  
(Name of Contact Person) (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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**  
(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department  
of State is: C W ALERT, LLC

2. The Florida document/registration number assigned to this limited liability company is:

L12000079844

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11.15.16

4. I, Mark Walker, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MGR  
(Print Title)

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

[Signature]

Signature of Dissociating Member or Resigning Manager

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

2016 NOV 17 P 12:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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