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ECRETARY OF STATE
ATTARASSEE FLOORS.

C. LEWIS

AUG 23 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
	WAL INVESTMENTS LLC
(Name of Limite	d Liability Company)
The enclosed member, managing member or n filing.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
AZZA MUUSTAFA ELSH (Contact Person)	AL
(Contact Person)	
(Firm/Company)	
(STO INTERNATIONAL DRIVE	. # (\C_
(Address)	
00 / 5 00 00	
ORLANDO FL 32819 (City/State and Zip Code)	
(City/Outle tille 2.1) Code)	
For further information concerning this matter	, please call:
	A STATE
AZZA OL ELSHAL	(Area Code & Daytime Telephone Number)
(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
CTDEET/COUDIED ADDRESS.	MAILING ADDRESS:
STREET/COURIER ADDRESS: Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	,
CR3F079 (5/06)	•



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SECRETARY OF STATE FALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the li		-				epartment
of State is:	AST	INTERNATIO	ONAL	INVESTMENT	I LLC	
A 271 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
2. This limited liabili	•	•	d under th	e laws of:		
FLOR	IDA		 ·			
3. The Florida docum	-		f this limi	ted liability comp	oany is:	
L1200	01 601	10 1	·			
4.1. TAREK	BARA	K.A.	. her	eby resign as a	MUNAGING	MEMBER
(Print Nan	Print Name of Person Resigning)				(Print Title)	
of this limited liabil resignation in writi		any and affirm th	ne limited	liability company	y has been notifi	ed of my
Signature of Resign	Saxa	ber, Managing	Member o	· Manager		
		,				
Filing Fee:						
Certified Copy:	\$ 30.00 (Optional)				

CR2E079 (5/06)