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(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Be	usiness Entity Nar	ne)
(De	ocument Number)	
(2)		
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
ALLAHASSEF, FIORINA

OCT 2 4 2013

T. BROWN

COVER LETTER

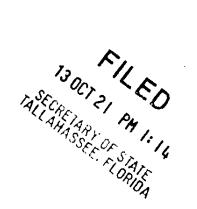
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TO: Registration Section Division of Corporations	
SUBJECT: TRWA Grow (Name of Limited	UP LLC Liability Company)
The enclosed member, managing member or ma filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
Matt Dasty (Contact Person)	
LEX CONCORDIA PL	
1315 NW 98TH CT &	415
Donal FL 33/7. (City/State and Zip Code)	2
For further information concerning this matter,	please call:
MATT DAUEY at (Name of Contact Person)	(305) 791 3135 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to th	ne Florida Department of State for: \$\Boxed{\Boxes} \\$55 \text{Filing Fee & Certified Copy}\$
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	imited liability company a	as it appears on the records	of the Florida Departme	nt
2. This limited liabi	lity company was organize	ed under the laws of:		
	ment/registration number	of this limited liability com	pany is:	
4.1. JEAN 1	O. CAJINA une of Person Resigning)	, hereby resign as a _	MANAGING (Print Title)	MEMBER
of this limited liab		the limited liability compan	y has been notified of m	У
Signature of Resignation	gning Member, Managing	Member or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	•		