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TALLAHASSEE. FLORIDA

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## **COVER LETTER**

TO: Registration Section Division of Corporations

729 SOUTHWEST LLC

(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

Lisa K. Hermann, Esq.

(Contact Person)

Law Office of Lisa K. Hermann, P.A.

(Firm/Company)

134 South Dixie Highway, Suite 110

(Address)

Hallandale Beach, FL 33009

(City/State and Zip Code)

For further information concerning this matter, please call:

Lisa K. Hermann

at (305 ) 356-8403 (Area Code & Daytime Telephone Number)

(Name of Contact Person)

Enclosed please find a check made payable to the Florida Department of State for: □ \$55 Filing Fee &

\$25 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

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	imited liability company as it SOUTHWEST, LLC	appears on the records of the	ne Florida Department 
2. The Florida docur FLORIDA	ment/registration number of the	nis limited liability company 	is:
3. The date this men	nber withdrew or will withdra	w is:	
4. I, Sergio Carulli		, hereby resign as a Manager	
(Print Name of Person Resigning)		<u> </u>	(Print Title)
of this limited liab resignation in writ	ility company and affirm the ling.	imited liability company ha	s been notified of my
(Sp)			
Signature of Res	igning or Dissociating Mana	ger, Member	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		

CR2E079 (12/13)

2014 FEB 12 AM 11: 36
SECRETARY OF STATE AND AHASSEE, FLORIDA