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COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: Suthwest Holding Grap 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:	
KCHVING ALVES (Contact Person)	
(Firm/Company)	
7308 SWEZNO Street Apt. Allo (Address)	
MICIMI, FL 33143 (City/State and Zip Code)	28
(City/State and Zip Code)	AUG AUG
For further information concerning this matter, please call:	20 AUG 11 AM11: 12
(Name of Contact Person) at (786) 287 - 8411 (Area Code & Daytime Telephone Number)	# SI
(Name of Contact Person) (Area Code & Daytime Telephone Number)	こる語
Enclosed please find a check made payable to the Florida Department of State for: \$\subseteq \\$25 \text{ Filing Fee & Certified Copy}\$	* 137

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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 th	e limited liability compa	any as it appears of	on the records	of the Florida I	Departn	nent
of State is:	Southwest	Holdings	Group	LLC		
	cument/registration num				is:	
L12	100161458	,				
3. The date this m	ember/manager withdre	ew/resigned or wi	l withdraw/re	sign is: _ 7/[1202	<u>- C</u>
4.1, <u>Katrin</u> (Prini.	α Η. Α\ν∈\ Name of Person Resigning)	, hereb	y withdraw/re	esign as a		
Vice	President (Prini Title)					
of this limited lia resignation in w	ability company and aff riting.	irm the limited lia	bility compan	y has been noti	fied of	my
Vocas	Ja-					
Signature of D	Dissociating Member or	Resigning Manag	er		2	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				20 AUG II AHII:	Codeso do meis Sido Aevigno Gali
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