

L13000023447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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AND
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14 AUG - 7 PM 4: 16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M/m

AUG 18 2015
T. LEMIEUX

TRANSATLANTIC ADVISORS INC.

CAPRIVISTRASSE 33
22587 HAMBURG
GERMANY

TELEPHONE (305) 938-7517
TELEFAX (206) 339-7174
info@transatlantic-us.com

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314
USA

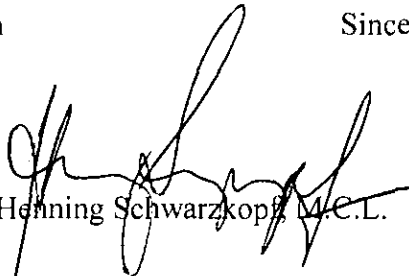
July 25, 2014

Polawall LLC
New Filing

- | | |
|--|--|
| <input type="checkbox"/> Zur Unterschrift/Abzeichnung
Please sign/initial | <input type="checkbox"/> Zu Ihren Akten/zur Kenntnis
For your files/information |
| <input type="checkbox"/> Zur Prüfung/Kontrolle
Please review/check | <input type="checkbox"/> Gemäß Besprechung/Brief
As agreed/per letter |
| <input type="checkbox"/> Bitte zurückgeben
Please return | <input type="checkbox"/> Mit bestem Dank zurück
Returned with thanks |
| <input checked="" type="checkbox"/> Zur Erledigung
Please handle | <input type="checkbox"/> Bitte weiterleiten an
Please forward to |

Mit freundlichen Grüßen

Sincerely yours



Henning Schwarzkopf M.C.L.

AFFILIATE

TRANSATLANTIC VERWALTUNGSGESELLSCHAFT MBH
BERLIN & HAMBURG
GERMANY
www.transatlantic-d.de

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Polawall 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:

Henning Schwarzkopf

(Contact Person)

Transatlantic Advisors, Inc.

(Firm/Company)

Caprivistr. 33

(Address)

Hamburg 22587, Germany

(City/State and Zip Code)

For further information concerning this matter, please call:

Henning Schwarzkopf

at (+49 40 32 43 33)

(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: Polawall, LLC.

2. The Florida document/registration number assigned to this limited liability company is:
L1300002344

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 07.01.2014

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

MGMR

(Print Title)

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



Signature of Dissociating Member or Resigning Manager

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

APPROVED
AND
FILED
14 AUG - 7 PM 4: 17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA