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10-14-14

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Allwood Distribut (Name of Limited Lia)	10h, LLC bility Company)	
The enclosed member, resignation or dissociation a	nd fee(s) are submitted for filing.	
Please return all correspondence concerning this ma	atter to:	
Tapani Pekkala \(\) (Contact Person)	·	
Allwood Distribution, L	<u>LC</u>	
42 Cayman Place (Address)		
Palm Beach Eardens, F	2 33418	
For further information concerning this matter, plea	ase call:	
Tapani Pekkala at (	561 ) 691 - 5542 rea Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for:  \$\sigma \\$25 \text{ Filing Fee} \square \\$55 \text{ 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 (2/14)



## 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:	Ilwood Distribution, L	LC
2. The Florida doc	ument/registration number assigned to this	s limited liability company is:
L1300	00041443	
3. The date this me	ember/manager withdrew/resigned or will	withdraw/resign is: 9/1/2014
4. I, Sign	av Sikk, hereby  Jame of Person Resigning)	withdraw/resign as a
Mariaging	<u>Meinber</u> . (Print Title)	
of this limited lia resignation in wr	bility company and affirm the limited liab iting.	ility company has been notified of my
-3/		
	SIGHAR SIKK	
Signature of D	ssociating Member or Resigning Manager	
	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	