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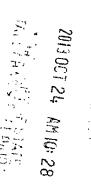
(Red	questor's Name)			
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J. SAULSBERRY EXAMINER

OCT 25 2013

COVER LETTER

Division of Corporations	
SUBJECT: WE D WIRE (Name of Limited L.	
The enclosed member, managing member or manafiling.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this n	natter to:
UOHAMMAD AYYASH (Contact Person)	
WE DO WIRETESS, LLC	WIT WAS TO COLOR
1273 Colony Preserve	Dr.
Paynton Peacly FC 33 (City/State and Zip Code)	486 28 108 28
For further information concerning this matter, pla	ease call:
(Name of Contact Person) at (1561 900 OF ST #311 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301

TO: Registration Section



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of th	ne limited liability company as i	it appears on the records o	of the Florida Department
of State is:	WE DO WIRE	ESS, LLC	
		,	
2. This limited lia	ability company was organized	under the laws of:	
FLOO			
	<u> </u>	<u> </u>	
2 74 - 71 - 11 - 1		M. I. 15	
_	cument/registration number of		pany is:
<u> </u>	0016100	·	
4. I, ibrahiw	1 H SHOAin	, hereby resign as a _	MGO N
	Name of Person Resigning)	, nereby resign as a _	(Print Title)
	ability company and affirm the	hmited liability company	y has been notified of my
resignation in w	riting.		
	A. A.		
Signature of Re	signing Member, Managing Me	ember or Manager	
		•	<i>S</i>
Filing Fee:	\$25.00 (Required)		, , , , , , , , , , , , , , , , , , ,

Certified Copy:

\$30.00 (Optional)