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SECRETARY OF STATE
WALLAHASSEE FLORIDA

AUG 22 2013

COVER LETTER

Division of Corporations
SUBJECT: 6 WCNEVG CCMMUNITICS CLC (Name of Limited Liability Company)
(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:
DARO SAM
(Contact Person)
GRENER GY COMMUNITOS
(Firm/Company)
8200 BRYON DOING Rd
Largo RC 23333 (City/State and Zip Code) ARREST TO THE REST OF T
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) (Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$\sumset\$ \$\\$\\$25 \text{Filing Fee} \text{\$\sumset\$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)

TO:

Registration Section



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 li	imited liability comp	oany as it ap	pears on the	e records	of the Fl	orida D	epartm	ent
of State is: 6 k	LENERGY	COMO	104/17	日	440			
2. The Florida docur	ment/registration nur	nber assign	ed to this lin	nited liab	oility con	npany is	:	
21300	008/3/	73	_•					
3. The date this mem				hdraw/re:	sign is: _	8/13	^/ <i>10</i>	, <u>2</u>
4. I, JAME (Print Nan	S DURDA ne of Person Resigning)	-	, hereby wit	thdraw/re	sign as a	ı		
MGR	Print Title)							
of this limited liabi	lity company and af	firm the lim	ited liability	ompan (y has bee	en notifi	ed of 1	ny
Jamus	Duda					MALLAN	2016 1	**TY
Signature of Diss	sociating Member or	Resigning	Manager			ASSEE	VIII 9111	Charleson Charleson
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)					JE STATE	P 12: 21	9