L130000999939

(Red	questor's Name)			
(Add	dress)			
· (Add	dress)			
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies				
Special Instructions to Filing Officer:				
!				

Office Use Only



600253922536

500253922536 11/18/13--01043--026 **25.00

COVER LETTER

Division of Corporations	
SUBJECT: WYNUX AME OF Limited	PACU Liability (Company)
The enclosed member, managing member or m filing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning the	s matter to:
Debbie Morin . (Contact Person)	
(Firm/Company)	
(Address)	 .
(City/State and Zip Code)	
For further information concerning this matter,	please call:
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to see \$25 Filing Fee	the Florida Department of State for: \$\square\$ \$\\$55 \text{Filing Fee &}\$\$ Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301



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 the lim of State is:	1	pears on the records of the Florida Department
2. This limited liability	company was organized unde	er the laws of:
Horid	<u> </u>	
3. The Florida docume	nt/registration number of this l	limited liability company is:
	of Person Resigning)	hereby resign as a Manager (Print Title)
of this limited liabilit resignation in writing		ited liability company has been notified of my
News	e Marin	
Signature of Resigning	ng Member, Managing Membe	er or Manager
	\$25.00 (Required) \$30.00 (Optional)	