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COVER LETTER

Division of Corporations SWF GARAGE LLC SUBJECT: (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: **OLAF KUEMMEL** (Contact Person) **SWF GARAGE LLC** (Firm/Company) 833 PALM VIEW DR (Address) **NAPLES, FL 34110** (City/State and Zip Code) For further information concerning this matter, please call: **OLAF KUEMMEL** (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: **MAILING ADDRESS: Registration Section** Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301

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)

The name of the limited liability company as it appears on the records of the Florida of State is:	a Department
2. The Florida document/registration number assigned to this limited liability company	y is:
3. The date this member/manager withdrew/resigned or will withdraw/resign is:	1/2014
MARIAN JIGLAU 4. I,, hereby withdraw/resign as a	
(Print Name of Person Resigning)	
AUTHORIZED MEMBER / OWNER	
(Print Title)	
of this limited liability company and affirm the limited liability company has been no resignation in writing.	otified of my
· Du	7 1
Signature of Dissociating Member or Resigning Manager	FIL 14 DEC -2 SECRETAR ALLAHASS
Filing Fee: \\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ini∹ ini
Certified Copy: \$30.00 (Optional)	AMIZ: 1 OF STAT