## L14000014599

(Re	equestor's Name)	
(Ad	dress)	
. (Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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## COVER LETTER .

**TO:** Registration Section Division of Corporations

SUBJECT: SOMO WP, LLC			
(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:			
FRANK SCAIFARO (Contact Person)			
Soho Hospitality MgMt, LC			
2330 W. HORATIO STREET			
Tampa, FL 33609 (City/State and Zip Code)			
For further information concerning this matter, please call:			
FRANK SCAIFARO at (813) 495-3879 (Area Code & Daytime Telephone Number)			
Enclosed please find a check made payable to the Florida Department of State for:  \$\sum \\$25 \text{ Filing Fee & Certified Copy}\$			
STDEET/COUDIED ADDDESS.  MAILING ADDDESS.			

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, Florida 32314

CR2E079 (2/14)

Registration Section

Clifton Building

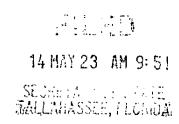
Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301



## 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	t
of State is: Soho WP, LLC.	
2. The Florida document/registration number assigned to this limited liability company is:	
L14000014599	
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 51914	
4. I, Kevin Ender Resigning), hereby withdraw/resign as a	
AMBR (Print Title)	
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.	
Buin Enderle	
Signature of Dissociating Member or Resigning Manager	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	