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EE, FLORIDA

MAY 02 2014

R. WHITE

COVER LETTER

Division of Corporations
SUBJECT: ALWAHA GROUP 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:
Adel El Bace (Contact Person)
AL Waha Group U.C. (Firm/Company)
2787 E Oakland Park blvd Suit 204
Ft Lauderdale FL 33306 (City/State and Zip Code)
For further information concerning this matter, please call:
Adel FL Bace at (407) 433-3527 (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 \$ Certified Copy
STREET/COURIER ADDRESS: MAILING ADDRESS:

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

TO: Registration Section

Registration Section

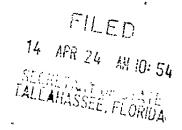
P.O. Box 6327

Division of Corporations

Tallahassee, Florida 32314

CR2E079 (2/14)





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 l	imited liability company as it appears on the records of the Florida Department
of State is: A	L Waha group LLC.
	ment/registration number assigned to this limited liability company is:
L1400	0037908
3. The date this mer	nber/manager withdrew/resigned or will withdraw/resign is: $4-21-14$
4.1. Aieda	Khalifa , hereby withdraw/resign as a me of Person Resigning)
<u> </u>	Print Title)
of this limited liab resignation in writ	ility company and affirm the limited liability company has been notified of my ting.
	- Ste
Signature of Dis	sociating Member or Resigning Manager
_	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)