115000053226

/Do	questor's Name)	
(Re	questors Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
		<u></u>
PICK-UP	MAIT	MAIL.
(Bu	isiness Entity Nar	ne)
		,
(Da	ocument Number)	
. (DC	cument Number)	
Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:	
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Office Use Only



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O SIMMONS JAN 05 2017

COVER LETTER

_	istration Section sion of Corporations		
SUBJECT:			
	(Name of Lim	ited Liability Cor	npany)
The enclose	ed member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please retur	n all correspondence concerning	this matter to:	
ANN BLAG	CK		
	(Contact Person)		-
ЅМІТН, ТІ	HOMPSON, SHAW, ET AL.		
	(Firm/Company)		_
3520 THO	MASVILLE ROAD, FOURTH	FLOOR	
	(Address)		_
TALLAHA	SSEE, FL 32309		
	(City/State and Zip Code)		_
For further	information concerning this matte	er, please call:	
ANN BLAG	CK	850	893-4105
(1	Name of Contact Person)	· · · · · · · · · · · · · · · · · · ·	& Daytime Telephone Number)
Enclosed pl	ease find a check made payable t ng Fee		Department of State for: 3 Fee & Certified Copy
Registration Division of Clifton Buil 2661 Execu	Corporations Iding Itive Center Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
	, Florida 32301		

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)

of State is: AWESOME	liability company as it appears on the records of the Florida Department COMPANY WORLDWIDE, LLC registration number assigned to this limited liability company is:	
L15000053226		
3. The date this member/m	anager withdrew/resigned or will withdraw/resign is: 4/20/2016	
4. I. JIMMY FASIG	hereby withdrow/region as a	
(Print Name of Pe	, hereby withdraw/resign as a erson Resigning)	
MANAGER/MEMBE		
(Print Tit	e)	
of this limited liability co resignation in writing.	mpany and affirm the limited liability company has been notified of my	6,111
Signature of Dissociation	ng Member or Resigning Manager	
	00 (Required) 00 (Optional)	

JAN -1, AN 8: 28