4/7000 254210

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City Catalana)
PICK-UP WAIT MAIL
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(Document Number)
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18 FEB 28 AN II: 24 SECRETARY OF STATE TALLAHASSEE, FLORIDA

K SALY MAR - 2 2018

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: PWT-SWF,LLC (Name of Limit	ted Liability Company)	
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.	
Please return all correspondence concerning to	this matter to:	
Glen Wearden Jn (Contact Person)		
The Lacul Business Promoter (Firm/Company)		
4105 Victory Drive D101 (Address)		
Austry TX. 78704 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Steve Tomeloo (Name of Contact Person)	at (512) 934-5788 (Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to □ \$25 Filing Fee	the Florida Department of State for: \$55 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	

CR2E079 (2/14)

Tallahassee, Florida 32301

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

	limited liability company as it appears on the records of the Florida Department
of State is:	WT-SWF, LLC
2. The Florida doc	ument/registration number assigned to this limited liability company is:
L170002	54210
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: 2-20-18
4.1, Glen Wer	
Mel	
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Markin	
Signature of D	issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)