

L18000001757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

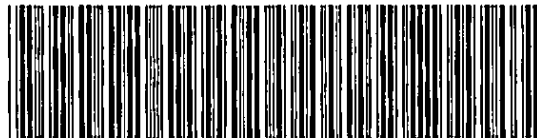
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700308531247

02/02/18--01019--022 \*\*25.00

FILED  
18 FEB -2 AM 10:36  
TALLAHASSEE FLORIDA

J. LEGGETT  
FEB 05 2018

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HWGA ENTERPRISES 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:

Alfred P. Denowitz, Esq.  
(Contact Person)

Alfred P. Denowitz, PA  
(Firm/Company)

1776 N Pine Island Road Ste. 224  
(Address)

Plantation, FL 33322  
(City/State and Zip Code)

For further information concerning this matter, please call:

Alfred P. Denowitz at ( 954 ) 472-5900  
(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:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



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 of State is: HWGA ENTERPRISES LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L18000001757

3. The date this member/manager withdrew/resigned or will withdraw/resign is: Jan. 12, 2017

4. I, Mewlchor Martinez, hereby withdraw/resign as a

*(Print Name of Person Resigning)*

Member

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

FILED  
18 FEB - 2 AM 9:36  
TALLAHASSEE FLORIDA

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)