L2000000 9000

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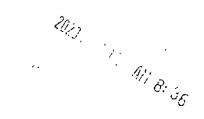
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COVER LETTER

TO:	Registration Section		
	Division of Corporations		
SUBJE	CT: What Spot . LLC		
	(Name o	f Limited Liability C	ompany)
The end	closed member, resignation or dis	ssociation and fee	e(s) are submitted for filing.
Please r	eturn all correspondence concen	ning this matter to	o:
Winston	Garwood		
	(Contact Person)		
What Spe	ot, LLC		
	(Firm/Company)		<u> </u>
3090 Alo	ma Ave # 200		
	(Address)		
Winter Pa	ark, FI, 32792		
	(City/State and Zip Code)		
For furt	her information concerning this	matter, please cal	l:
Winston .	A. Garwood SR	386 at (627-9991
	(Name of Contact Person)		le & Daytime Telephone Number)
Enclose	d please find a check made paya	ble to the Florida	Department of State for:
■ \$25 I	Filing Fee		ng Fee & Certified Copy
	Mailing Address: Registration Section		Street Address:
	Division of Corporations		Registration Section Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
7	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
			Tallahassee, FL 32303





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)

	e limited liability company as it appears on the records of the Florida Department
of State is: What	Spot, LLC
2. The Florida doc L20000009000	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
4. I, Winston A. Garv	wood SR , hereby withdraw/resign as a lame of Person Resigning)
MGR	
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of Di	Sociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
ceranica copy,	\$30.00 (Optional)