- 45		
(Ke	questor's Name)	
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COVER LETTER

_	stration Section sion of Corporations		
SUBJECT:	A&W Equipment, LLC		
	(Name of	f Limited Liability Co	mpany)
The enclosed	d member, resignation or dis	ssociation and fee(s) are submitted for filing.
Please return	all correspondence concerr	ning this matter to:	:
Rafael E. Andr	rade, Esq.		
	(Contact Person)		_
Law Offices of	f Rafael E. Andrade, P.A.		
	(Firm/Company)		_
1688 Meridian	Avenue, 7th Floor		
	(Address)		_
Miami Beach,	Florida 33139		
	(City/State and Zip Code)		_
For further in	nformation concerning this i	matter, please call:	
Rafael E. Andr	rade, Esq.	305 at (216-2028
(N	ame of Contact Person)		& Daytime Telephone Number)
Enclosed ple	ase find a check made payal	ble to the Florida I	Department of State for:
■ \$25 Filing			g Fee & Certified Copy
	ng Address:		Street Address:
-	stration Section		Registration Section
	ion of Corporations		Division of Corporations
	Box 6327		The Centre of Tallahassee
l attai	hassee, 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)

	limited liability company as it appears on the records of the Florida Department Equipment, LLC
2. The Florida doct 1.20000145382	ument/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
4. I,Ralph Andrade	, 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	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)