L21000288676

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COVER LETTER

Registration Section Division of Corporations SUBJECT: SW Comm LLC Name of Limited Liability Company DOCUMENT NUMBER: L21000288676 The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. Please return all correspondence concerning this matter to the following: United States Corporation Agents, Inc. Name of Person Legalzoom.com, Inc. Name of Firm/Company 9900 Spectrum Dr. Address Austin, TX 78717 City/State and Zip Code raresignations@legalzoom.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO:

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115	5, Florida Statutes, the under	signed,		
United States Corporation Agents, Inc. hereby res			hereby resigns as	S	
Name of Registered Agent					
Registered Agent for S	W Comm LLC				
					·
	Name of Lim	ited Liability Company			
L21000288676					
Document Nu	mber, if known				
A copy of this resignation	on was mailed to the a	bove listed limited liability o	company at its las	t known add	ress.
The agency is terminate	d and the office discor	ntinued on the 31st day after	the date on which	h this statem	ent is filed.
		Signature of Resigning Agent			
If signing on behalf of a	n entity:			(V) 2.5 2.707	2002 2004 2004
Cheyenne Moseley					5 "7
	T		•	1 9====	
Asst. Secretary for United States Corporation Agents, Inc.			ents, Inc.	•	<u>.</u> [∰]
		Capacity			
	FILING	FEES:			
	\$ 85.00 \$ 25.00	Active limited liability co Administratively dissolve withdrawn limited liabilit	mpany d/ voluntarily dis y company	solved/	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314