•	
(Requestor's Name)	
(Address)	
(Address)	
(1111133)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
Division of Corporations	
SUBJECT: 71NGC+ FW/E/JMEW CO	POUP LC.
The enclosed member, managing member or manager resigning.	gnation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	:
GEOFFEY +HEUNAW, PA (Contact Person)	_
HE MW STICK OF GESTFREY (Firm/Company)	Etteman. PA.
(Address)	HUYERDUE, FL. 3330
TT. MUNERUA (E, Fc. 3330). (City/State and Zip Code)	
For further information concerning this matter, please call:	:
GEOTREY ITHEMAN. at (154. (Name of Contact Person) (Area Code	e & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida I	\$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	mited liability company as it appears on the records of the Florida Departmen
2. This limited liabili	ty company was organized under the laws of:
L95000	ent/registration number of this limited liability company is:
	he of Person Resigning), hereby resign as a MAWAGP (Print Title) ity company and affirm the limited liability company has been notified of my ng.
Signature of Resign	ing Member, Managing Member or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)
Cerunica Copy.	φουνο (Optional)