

MD5000001186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

MD5-1186

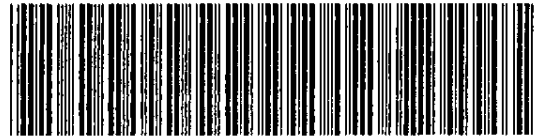
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only

Called 5/12/11  
the mgr "KEWE  
unlimited" is  
resigning per David  
[illegible] to me [illegible] KN



300207018323

05/04/11--01022--012 \*\*25.00

FILED  
11 MAY 11 PM 4:56  
RECEIVED  
TALLAHASSEE, FL 32309

N. CAUSSEAU

MAY 12 2011

EXAMINER

~~N. Causseaux~~ MAY 12 2011

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ASL Capital Partners, LLC  
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

David R. Weber  
(Contact Person)

KeWe UnLimited, Inc.  
(Firm/Company)

2840 West Bay Drive, Suite 288  
(Address)

Belleair Bluffs, FL. 33770  
(City/State and Zip Code)

For further information concerning this matter, please call:

David R. Weber at ( 727 ) 647-8529  
(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

May 6, 2011

DAVID R. WEBER  
KEWE UNLIMITED INC  
2840 WEST BAY DRIVE, SUITE 288  
BELLEAIR BLUFFS, FL 33770

SUBJECT: ASL CAPITAL PARTNERS, LLC  
Ref. Number: M05000001186

We have received your document for ASL CAPITAL PARTNERS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 711A00011223



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

FILED  
11 MAY 11 PM 4:36  
SECRET  
TALLAHASSEE, FLORIDA

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: ASL Capital Partners, LLC

2. This limited liability company was organized under the laws of:  
Foreign Limited Liability Company

3. The Florida document/registration number of this limited liability company is:  
M05000001186

4. I, Kewe Unlimited Inc hereby resign as a Manager  
(Print Name of Person Resigning) (Print Title)

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

 David R. Weber, As President  
Signature of Resigning Member, Managing Member or Manager

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