P14000012836e

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(,
(D. 11)
(Document Number)
Certified Copies Certificates of Status
Canada Hasharations to Filips Officers
Special Instructions to Filing Officer:
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MAY 1 7 2017 S. PRATHER

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Cruy B.	hereby resign as 10000	(Title)	_
of LWIdS	(Name of Corporation)	,	
P140000 126' (Document Number, if known)	a corporation organized under the laws	of the State of	
Florida	·	*	
	(Signature of resigning officer/director)	17 MAY 17 AM 9: 27 SECRETARY SEE OF A PER TALLAHASSEE OF A PER TALLAHASSEE	TITO

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

TRANSMITTAL LETTER

SUBJECT: LWI + S Management The (Name of Corporation)
DOCUMENT NUMBER: P14000012836
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Toratius Bronnon (Name of Person)
LWI & Maraganut Irc (Name of Firm/Company)
456 Hassison Av (Address)
Port State and Zip Code) (Kitalicss) Rationa C.t. TL 32401
For further information concerning this matter, please call:
(Name of Person) at (\(\frac{\tangle}{\tangle}\) (\(\frac{\tangle}{\tangle}\) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 63272661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301

Amendment Section Division of Corporations

TO: