# P22000062245

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

Office Use Only



500400173575

01/10/23--01021--006 \*\*35.00



ch 3/17/4023

### TRANSMITTAL LETTER

**TO:** Amendment Section Division of Corporations

UBJECT: (Name of Corporation)				
DOCUMENT NUMBER: P22000062245				
The enclosed Officer/Director Resignation for a	Corpora	ation and fee are submitted for filing		
Please return all correspondence concerning this	s matter t	o the following:		
ANA PAULA CAMPELO DE MEDEIROS				
(Name of Person)	<u>.</u>			
LLWITECH, INC				
(Name of Firm/Company)				
6964 SEA CORAL DR UNIT 124 BUILDING 3				
(Address)		<del></del>		
ORLANDO, FL 32821				
(City/State and Zip Code)				
For further information concerning this matter.	please ca	II:		
ANA PAULA CAMPELO DE MEDEIROS	407	931-6533 ) Tode & Daytime Telephone Number)		
(Name of Person)	(Area (	Code & Daytime Telephone Number)		

#### Mailing Address:

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

#### Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

WILLIAMS JEZINI	PRESIDENT, hereby resign as			
	. Hereby resign as	(Title)		
LLWITECH, INC				
(	(Name of Corporation)			
P22000062245 (Document Number, if known)				
FLORIDA				
		2023 JAN		
	(Signarate of resigning officer/director)	JAN 10 PH 1:		

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