## 114000/17711

(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:	٦
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Special instructions to raining Officer.	

Office Use Only



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## **COVER LETTER**

<b>TO:</b> Registration Section Division of Corporation	
SUBJECT: WDWNT LLC	(Name of Limited Liability Company)
The enclosed member, resignati	on or dissociation and fee(s) are submitted for filing.
Please return all correspondence	concerning this matter to:
Thomas Corless	
(Contact Per	son)
WDWNT LLC	
(Firm/Comp	my)
14563 Global Cir Apt 6303	2017 AUG TU / SICKETARY OF ALLAHASSEE.
(Address)	
Orlando, FL 32821	A II: 42
(City/State and I	ip Code)
For further information concern	ng this matter, please call:
Thomas Corless	718 208-5796
(Name of Contact Person	
Enclosed please find a check ma \$25 Filing Fee	de payable to the Florida Department of State for:  ☐ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRE 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

CR2E079 (2/14)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as	s it appears on the reco	ords of the Florida Department
2. The Florida docu L1400011771	nment/registration number a	ssigned to this limited	liability company is:
3. The date this me	mber/manager withdrew/res	signed or will withdray	w/resign is:
. I. Justin M. Heyman, hereby withdraw/resign as a, hereby withdraw/resign as a			
(Print N Manager	ame of Person Resigning)		
	(Print Title)		
resignation in wr	iting.		npany has been notified of my
Signature of D	issociating Member or Resig	gning Manager	PIL 2017 AUG TU SELIKE JARY ALLAHASSER
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		W A II: I