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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number)
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DIVISION OF CONFORMATIONS

O SIMMONS DEC 0 7 2016

COVER LETTER

Division of Corporations
SUBJECT: WEALTHY MILLENNIAL, LLC (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Kris Koran (Contact Person)
WEALTHY MILLENNIAL, LLC (Firm/Company)
1429 EASTOVER LOW, WENTER GARGEO, FC 34787
WINTER GARDEN, FL 34787 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (813) 629-6996 (Area Code & Daytime Telephone Number)
Englosed please find a check made payable to the Florida Department of State for: \$25 \text{Filing Fee} \\$55 \text{Filing Fee & Certified Copy}\$

STREET/COURIER ADDRESS:

Registration Section

TO:

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			Departm	ent
2. The Florida docu	ment/registration numbe	er assigned to this limit	ed liability company	y is:	
•	00022546		ı a	12/12	<u>,</u>
3. The date this me	mber/manager withdrew	resigned or will withdr	raw/resign is: 100	שוןכן)
4. I, Joe (ame of Person Resigning)		lraw/resign as a	•	
	ed Member (Print Title)	_			
of this limited liab resignation in wri	pility company and affirm	n the limited liability co			my
Toel	64			DEC -	
Signature of Di	ssectating Member or Re	esigning Manager		5 AH II: 23	
Filing Fee:	\$25.00 (Required)			23	
Certified Copy:	\$30.00 (Optional)			(A)	