

L1700000 4328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

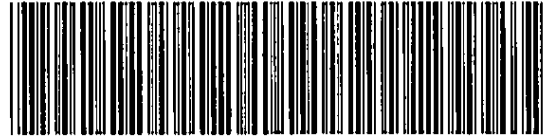
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100314364201

06/11/18--01015--020 \*\*65.00

FILED JUN 11 11 43 AM '18

FILED

6/13/18 Or

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WILISPE LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L17000004328

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dang Nguyen  
Name of Person

First Corporate Solutions, Inc.  
Name of Firm/Company

12631 Imperial Highway F-106  
Address

Santa Fe Springs, CA 90670  
City/State and Zip Code

raservices@ficoso.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dang Nguyen at ( 844 ) 392-7588  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

2011 JUN 11 AM 11:02

**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

First Corporate Solutions, Inc. \_\_\_\_\_, hereby resigns as

Name of Registered Agent

Registered Agent for WILISPE LLC

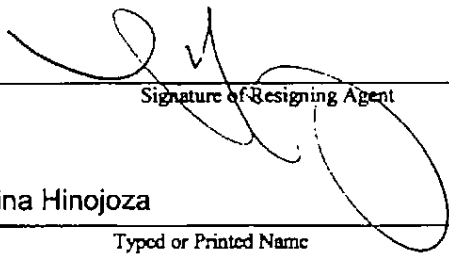
\_\_\_\_\_  
Name of Limited Liability Company

L17000004328

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

Angelina Hinojoza

Typed or Printed Name

Secretary

Capacity

**FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314