## L20000377983

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





400365303644

06/23/21--01022--021 \*\*25.00



JUL 2 - 2021

## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: WIJ REAL ESTATE LLC (Name of Limited Liability Company)					
(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:					
JOSHUA HEILMAN (Contact Person)					
WJJ REAL ESTATE (Firm/Company)					
2426 ECON CIRCLE # 153					
ORLANDO, FL-32718 (City/State and Zip Code)					
For further information concerning this matter, please call:					
TOSHUA HEILMAN at (407) 878-8830 (Area Code & Daytime Telephone Number)					
Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee \$\Bigsquare\$ \$55 Filing Fee & Certified Copy					

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

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

CR2E079 (2/14)

DEUZ 1 2021



## 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)

1. The name of the	limited liability company as it a	appears on the records of the	e Florida Department
of State is:	WJJ Real Estat	e 11c	
2. The Florida docu	nment/registration number assign	ned to this limited liability o	company is:
L2000	0377983	<u>_</u> ·	
3. The date this me	mber/manager withdrew/resigne	ed or will withdraw/resign i	s: 01/01/2021
4.1. Joshua	Heilman ame of Person Resigning)		
AMBR &	Registered Agent		•
of this limited lial resignation in wri	oility company and affirm the linting.	mited liability company has	been notified of my
( Some			
Signature of Di	ssociating Member or Resigning	g Manager	, 94 <b>2</b>
-	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		