

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L2000378110

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To:

Division of Corporations
Fax Number : (850)617-6383

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Account Name : GARY, DYTRYCH & RYAN, P.A.
Account Number : I19990000255
Phone : (561)844-3700
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC REGISTERED AGENT RESIGNATION
WCD NPB, LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$85.00

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APR 30 2025

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

ALYS N. DANIELS, ESQ.

, hereby resigns as

Name of Registered Agent

Registered Agent for WCD NPB, LLC

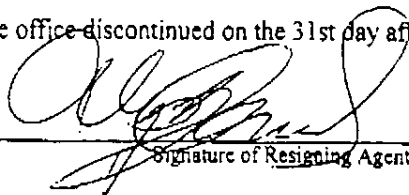
Name of Limited Liability Company

L20000378110

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:

Typed or Printed Name

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withdrawn limited liability company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