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TALLAHASSEF, FLORIDA

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COVER LETTER

то:	Registration Section Division of Corporations	· ·
SUBJ	WBM Holdings, LLC Name of Limited Liability	Company
	•	Company
DOC	UMENT NUMBER: L00000001555	
The e for fil	enclosed Resignation of Registered Agent for a Limited ling.	Liability Company and fee are submitted
Please	e return all correspondence concerning this matter to th	e following:
Corir	nne P. McClure, Senior Paralegal	
	Name of Person	
McG	GuireWoods LLP	
	Name of Firm/Company	
50 N	lorth Laura Street, Suite 3300	
	Address	
Jack	sonville, FL 32202	
-	City/State and Zip Code	
cmcd	clure@mcguirewoods.com	
- I	E-mail address: (to be used for future annual report notification)	
For fi	urther information concerning this matter, please call:	
Corir	nne McClure at (904 Name of Person Area Code	798-3294
	Name of Person Area Code	Daytime Telephone Number
Enclo liabil liabil	osed is a check made payable to the Florida Department ity company or \$25.00 for an administratively dissolved ity company.	of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provi-	sions of section 605.0115, Florida Statutes.	the undersigned,		
RAX Co. Name of Registered Agent .1		hereby resions	hereby resigns as	
		Hereoy realigns	Hereby resigns as	
Registered Agent for	WBM Holdings, LLC			
	Name of Limited Liability Company		·	
L00000001555				
Document	Number, if known			
	ation was mailed to the above listed limited ated and the office discontinued on the 31st			
	Jusa O. Jaylo Signature officsignin	Z g Agent	TE !! 19 JUN - SECRETA: FALL AHAS	
If signing on behalf o	f an entity:		-5 -5	
	Lisa O. Taylor			
	Typed or Printed Name President		31846.1. 31846.1.	
	Capacity		Σ. ω	

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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