## 200000000674

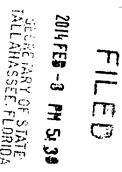
(Re	questor's Name)		
(Ad	dress)		
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(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: W&H SERVICES 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:
ROBERT WIGGINS
(Contact Person)
W&H SERVICES LLC
(Firm/Company)
111 VALLEY KNOLL
(Address)
BOERNE, TX 78006
(City/State and Zip Code)
For further information concerning this matter, please call:
ROBERT WIGGINS813 _ 3232710
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$\Bigsize \text{\$\subset\$ \$\\$55 \text{Filing Fee & Certified Copy}}\$

## STREET/COURIER ADDRESS:

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 (12/13)



of State is: W&H SERVICES LLC		ida Departeren
. The Florida document/registration number of L00000006674	of this limited liability company is:	RY OF ST
The date this member withdrew or will with	ndraw is: 1 FEB 2014	ORNIO 3
	, hereby resign as a MANAG	ER
(Print Name of Person Resigning)	(Pri	nt Title)
of this limited liability company and affirm t resignation in writing.	the limited liability company has been	notified of my
1		
1/1/1-		

\$25.00 (Required)

\$30.00 (Optional)

CR2E079 (12/13)

Filing Fee:

Certified Copy: