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. COVER LETTER

TO:	Registration Section		
	Division of Corporations		
SUBJ	ECT: LISA AND WAYNE WEN	NICK, L.L.C.	
	(Name of	Limited Liability Co	mpany)
The er	nclosed member, resignation or diss	sociation and fee(s) are submitted for filing.
Please	return all correspondence concerni	ing this matter to:	
LISA	WENNICK		
	(Contact Person)		_
LISA	AND WAYNE WENNICK, L.L.C		
-	(Firm/Company)	-	_
1320	ESTUARY TRAIL		
	(Address)		_
DELF	RAY BEACH, FL 33483		
	(City/State and Zip Code)		_
For fu	rther information concerning this m	natter, please call:	
LISA	WENNICK	843	329 9930
	(Name of Contact Person)	··\	& Daytime Telephone Number)
	sed please find a check made payab 5 Filing Fee		Department of State for: g Fee & Certified Copy
	CET/COURIER ADDRESS: tration Section		MAILING ADDRESS:
_	on of Corporations		Registration Section Division of Corporations
Clifton	n Building		P.O. Box 6327
	Executive Center Circle		Tallahassee, Florida 32314

CR2E079 (2/14)



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 appears on the records of the F	lorida Depa	rtmen	t
of State is:	A AND WAYNE WENNICK	K, L.L.C.		<u> </u>	
2. The Florida doc	ument/registration number as	ssigned to this limited liability cor	npany is:		
33-1001821	LU2000004963				
3. The date this me	ember/manager withdrew/res	igned or will withdraw/resign is: _	10/18/2017	, 	
4. I. WAYNE WE	NNICK Vame of Person Resigning)	, hereby withdraw/resign as	a		
MGRM					
	(Print Title)				
of this limited lia resignation in wr		e limited liability company has be	een notified	of my	
(lange	e O Gener		. •	2017 0	er - 12 -
Signature of D	issociating Member or Resig	ning Manager		CT 23	2012m
Filing Fee:	\$25.00 (Required)		-	PH	. 44
Certified Copy:	\$30.00 (Optional)		4	 ₩	