

L04000041733

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : NEIMAN & INTERIAN, PLLC
Account Number : 120180000010
Phone : (305)530-9400
Fax Number : (305)530-9409

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: mbanasco@niflalaw.com

**LLC REGISTERED AGENT RESIGNATION
WSG CITRUS PARK, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$90.00

FILED
2018 OCT -4 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FL

JCS
10-5-18

Fax

Date: 10/4/2018

To: 8506176383

From:

Subject: Registered Agent Resignation - WSG Citrus Park, LLC

Good Morning, please see attached.

Thank you.

PLEASE NOTE OUR NEW MIAMI-DADE ADDRESS AND MY NEW EMAIL ADDRESS

[Alberto Interian Neiman & Interian, PLLC 2020 Ponce de Leon Blvd. Suite 1005B Coral Gables, FL 33134]Mercy Banasco, Legal Assistant
Neiman & Interian, PLLC
2020 Ponce de Leon Blvd. | Suite 1005B | Coral Gables, FL 33134
Off: 305-530-9400 | Fax: 305-530-9409
Email: mbanasco@niflalaw.com <mailto:mbanasco@niflalaw.com> | Website:
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(((H18000288987 3)))
COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WSG CITRUS PARK, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L04000041733

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALBERTO INTERIAN

Name of Person

NEIMAN & INTERIAN, PLLC

Name of Firm/Company

2020 PONCE DE LEON BOULEVARD #1005B

Address

CORAL GABLES, FLORIDA 33134

City/State and Zip Code

AINTERIAN@NIFLALAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALBERTO INTERIAN

Name of Person

at (305) 530-9400

Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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

INHS17 (2/14)

(((H18000288987 3)))

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

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

LAMONT NEIMAN INTERIAN & BELLET, P.A.

Name of Registered Agent

hereby resigns as

Registered Agent for **WSG CITRUS PARK, LLC**

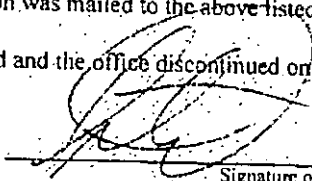
Name of Limited Liability Company

L04000041733

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:

ALBERTO INTERIAN

Typed or Printed Name

PRESIDENT

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

INHS17 (2/14)

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