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Division of Corporations

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Account Number : I20070000134 Phone : (407)893-3776 Fax Number : (407)893-3779 SECRETARY OF STATE

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March 28, 2008

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GOLDBERG BATRES, PLLC

SUBJECT: WTS RISK, LLC

REF: L04000050355

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SECRETARY OF STATE

P.O BOX 6327 - Tallahassee, Florida 32314

CR2E079 (5/06)

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COVER LETTER

	Registration Section Division of Corporations	•
SUBJE	CT: WTS Risk, LLC	
•	(Name of Limite	d Liability Company)
The enc.	losed member, managing member or n	nanager resignation and fee(s) are submitted fo
Please r	cturn all correspondence concerning fr	ils matter to:
Jodi J	Jaiman	
	(Contact Person)	
Soone	e Business Development, Inc	<u>. </u>
	(Firm/Company)	
3660	Maguire Blvd., Suite 103	
	(Address)	
Orlan	do, FL 32803	
	(City/State and Zip Code)	
For furt	her information concerning this matter	, please call:
Rach	(Name of Contact Person)	at (407) 893-3776 (Area Code & Daytime Telephone Number)
Enclose	d please find a check made payable to	
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	ution Section	Registration Section
	n of Corporations	Division of Corporations
	Building_	P.O. Box 6327
	cecutive Center Circle	Tallahassee, Florida 32314
i ai laha:	ssee, Florida 32301	

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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the limited liability company as it appears on of State is: WTS Risk, LLC	the records of the Florida Department
2. This limited liability company was organized under the law Florida	rs of:
3. The Florida document/registration number of this limited li L0400050355	ability company is:
4. I, Jodi Jaiman hereby	resign as a President
(Print Name of Person Resigning)	(Print Title)
of this limited liability company and affirm the limited liabi resignation in writing.	lity company has been notified of my
Signature of Resigning Member, Managing Member or Man	nager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	08 APR

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