

Division of Corporations

Florida Department of State  
Division of Corporations  
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## To:

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Fax Number : (850) 617-6383

## From:

Account Name : GOLDBERG BATES, PLLC  
Account Number : 120070000134  
Phone : (407) 893-3776  
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

WTS RISK, LLC

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J. BRYAN

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GOLDBERG&BATES, PLLC

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FLORIDA DEPT OF STATE

4080000835133



March 28, 2008

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

GOLDBERG BATES, PLLC

SUBJECT: WTS RISK, LLC  
REF: 104000050355

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Joey Bryan  
Regulatory Specialist II

FAX Aud. #: E08000078089  
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P.O BOX 6327 - Tallahassee, Florida 32314

4080000835133

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WTS Risk, LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Jay Stollenwerk

(Contact Person)

Soone Business Development, Inc.

(Firm/Company)

3660 Maguire Blvd., Suite 103

(Address)

Orlando, FL 32803

(City/State and Zip Code)

For further information concerning this matter, please call:

Rachel Farber

(Name of Contact Person)

at ( 407 ) 893-3776

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &  
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**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

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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 the records of the Florida Department of State is: WTS Risk, LLC

2. This limited liability company was organized under the laws of:  
Florida

3. The Florida document/registration number of this limited liability company is:  
L04000050355

4. I, Jay Stollenwerk, hereby resign as a Treasurer/Secretary/Director  
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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