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SECRETARY OF STATE
ALL APPROVED TO THE

C.M.

COVER LETTER

	ration Section on of Corporations		
SUBJECT: _	WBA, LLC		
	(Name of Limited	l Liability Com	ipany)
The enclosed n	member, resignation or dissociation	on and fee(s)	are submitted for filing.
Please return a	all correspondence concerning thi	s matter to:	표면 보다 사건
Jennifer N.Bl	lackmon		원유 건설
	(Contact Person)		The state of the s
WBA, LLC			
	(Firm/Company)		-
425 Nursing	Home Drive		_
	(Address)		•
Arcadia, FI 3	4266		
	(City/State and Zip Code)		-
For further infe	formation concerning this matter,	please call:	
Jennifer N. B		863	990-5679
(Nar	me of Contact Person)	·	& Daytime Telephone Number)
Enclosed pleas ☐ \$25 Filing I	se find a check made payable to t Fee		repartment of State for: Fee & Certified Copy
	URIER ADDRESS:		MAILING ADDRESS:
Registration Section of Co			Registration Section Division of Corporations
Clifton Buildin			P.O. Box 6327
2661 Executiv Tallahassee, F	ve Center Circle Torida 32301		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)

	limited liability company as it appears on the records of the Florida Department A., LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 07/21/2014
	hereby withdraw/resign as a ame of Person Resigning)
Member	
	(Print Title)
of this limited lial resignation in wri	pility company and affirm the limited liability company has been notified of my iting.
Bassa	im Alt
Signature of Di	ssociating Member or Resigning Manager
	\$25.00 (Required) \$30.00 (Optional)