

L04000073133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

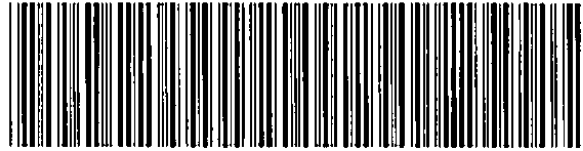
(Business Entity Name)

(Document Number)

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LLC  
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MAY 24 2022

CONNELL

RECEIVED  
2022 MAY 20 PM 3:38  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
FILED  
2022 MAY 20 PM 2:09  
TALLAHASSEE, FLORIDA

Astrid de Parry, Esquire  
Alyson G. Bryant, Esquire

**ASTRID DE PARRY, P.A.**

107 East Church Street  
DeLand, FL 32724

**Phone: 386-736-1223**

Fax: 386-736-1022

www.delandattorney.com  
email@delandattorney.com

May 19, 2022

Florida Department of State  
Division of Corporations  
Amendment Section  
2415 N. Monroe Street  
Tallahassee, FL 32314

Re: WAG, LLC  
Document No. L04000073133  
Our File No. 10838-001

RECEIVED  
2022 MAY 20 PM 3:37  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Dear Sir or Madam:

The above-referenced limited liability company was administratively dissolved in September 2012 due to failure to file Annual Reports. In this regard, enclosed please find a Limited Liability Company Reinstatement form and my firm's check payable to Florida Department of State in the amount of \$1,626.25 representing payment of the reinstatement fee plus Annual Report fees for each year.

Also enclosed and to be filed simultaneously with the reinstatement are Articles of Amendment to Articles of Organization of WAG, LLC requesting the company's name be amended to WAG MAINE HOLDINGS, LLC and my firm's check payable to Florida Department of State in the amount of \$25.00 in payment of the filing fee.

Kindly process the reinstatement and amendment as soon as possible and advise the undersigned when processing is completed. Please do not hesitate to call if you have any questions or require additional information.

**ASTRID DE PARRY, P.A.**

By:

  
Alyson G. Bryant, Esquire

AGB/tg

Enclosure(s)

cc: Michael L. Prelec, Sr.

\\server01\LA\FIRM DATA\WP Docs\Prelec, Sr Michael\WAG, LLC\Correspondence\Letter to FL DOS encl reinstatement and amendment forms.wpd

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WAG MAINE HOLDINGS, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL L. PRELEC, SR.

Name of Person

WAG MAINE HOLDINGS, LLC

Firm/Company

4175 HIGHWAY 11

Address

DELAND, FL 32724

City/State and Zip Code

email@delandattorney.com

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

For further information concerning this matter, please call:

STRID DE PARRY

386 736-1223

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

WAG, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on OCTOBER 7, 2004 and assigned  
Florida document number L04000073133.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

WAG MAINE HOLDINGS, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

FILED  
2022 MAY 20 PM 2:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

N/A

New Registered Office Address:

*Enter Florida street address*

*City*

**Florida**

*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

**MGR = Manager**

**AMBR = Authorized Member**

[illegible]

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated MAY 18 2022



Signature of a member or authorized representative of a member

MICHAEL L. PRELEC, SR.

Typed or printed name of signee

Filing Fee: \$25.00