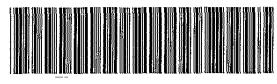
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| (Requestor's Name) |
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| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) 104-777 Q (Document Number) |
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M. HODGE

COVER LETTER

| Division of Corporations | | |
|--|---|--|
| | de de | |
| SUBJECT: We Inv | cs+men+ Properties, LLC eofLimited Liability Company) | |
| frame | e of Entitled Liability Company) | |
| Dear Sir or Madam: | | |
| The enclosed Resignation of Member, Man | naging Member or Manager and fee(s) are submitted for filing. | |
| Please return all correspondence concernir | ng this matter to the following: | |
| | | |
| Matthew 3 Wal | her | |
| (Name of Person) | | |
| | | |
| (Firm/Company) | | |
| (1 mb company) | | |
| | . 1. | |
| (Address) | <u> </u> | |
| (332333) | | |
| Almonia santies ila Ale. A | 3.8.7.9.1 | |
| HEADENSON UTIL , NC d (City/State and Zip Code) |) | |
| | | |
| For further information concerning this ma | atter, please call: | |
| | | |
| James Coyle | at (863) 698 - 6040 (Area Code & Daytime Telephone Number) | |
| (Name of Person) | (Area Code & Daytime Telephone Number) | |
| | | |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: | |
| Registration Section Registration Section | | |
| Division of Corporations | Division of Corporations P.O. Box 6327 | |
| Clifton Building 2661 Executive Center Circle | Tallahassee, Florida 32314 | |
| Tallahassee, Florida 32301 | Tanadassee, Piolida 52514 | |
| • | | |
| Enclosed is a check for the following am | wunt. | |
| \$25 Filing Fee | \$55 Filing Fee & | |
| CR2E079 (8/05) | Certified Copy | |
| 0.40, | | |



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

| I. Mat | then o | Walker | , hereby resign as _ | MANAGER |
|--------------------|------------------|----------------------|--------------------------|-----------------------|
| | | | | (Title) |
| of | WC | Investment | pacpenties, e | <i>LC</i> |
| - | | (Limited Liabi | lity Company) | |
| a limited liabilit | y company org | ganized under the la | ws of the State of | Florioa |
| and affirm that t | the limited liab | ility company has l | been notified in writing | g of the resignation. |
| | | | | |
| | | | | |
| _ | | alnow) | | |
| | (Signature of | resigning manager | , managing member or | member) |

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314