

L05 000033500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

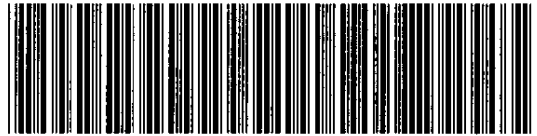
(Business Entity Name)

(Document Number)

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09 JUL 27 AM 10:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Revised 7/30/09*

Christine C. Camacho  
Michael D. Chiumento  
Michael D. Chiumento III  
Paul M. Guntharp, Jr.

Philip J. Chanfrau  
*Of-Counsel*



**CHIUMENTO  
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July 22, 2009

Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Re: WP 2, L.L.C.**

Dear Sir/Madam:

Enclosed please find Resignation of Registered Agent. Also enclosed is our check in the amount of \$85.00 for filing. Please return a copy of the notice of filing to this office.

Thank you for your attention in this matter.

Sincerely,

Brenda L. Digby  
Legal Assistant

bd  
Enc.

O:\Waterside (1545)\WP2 L.L.C\corporate resign reg ag.doc

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Michael D. Chiumento III

Name of Registered Agent

, hereby resigns as

Registered Agent for WP 2, L.L.C.

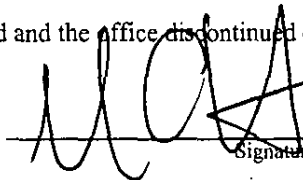
Name of Limited Liability Company

L05000033500

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this state is filed.

  
Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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