

L0600000 16465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 MAR 26 PM 3:40

MAR 31 2015

T. CARTER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WR weaver, LLC

(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

Shari Weaver

(Contact Person)

WR Weaver, LLC

(Firm/Company)

601 E 6th St

(Address)

Lehigh Acres, FL 33972

(City/State and Zip Code)

For further information concerning this matter, please call:

Shari Weaver

at

(239) 770-4194

(Name of Contact Person)

(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 & Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section 33972

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

CR2E079 (2/14)

(Name of Contact Person)

Enclosed please find a check for \$25 Filing Fee

ENCLOSURE

Florida Department of State  
Division of Corporations  
605.0216, Florida Statutes



FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 MAR 26 PM 3:40

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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: WR Weaver, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L06000016465

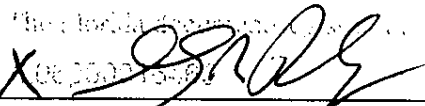
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 3/5/2014

4. I, Guy Derby, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MGR

(Print Title)

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

X   
Signature of Dissociating Member or Resigning Manager

Filing Fee: Guy Derby \$25.00 (Required)  
Certified Copy: in time \$30.00 (Optional)