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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 2 9 2015 T. CARTER

COVER LETTER

CR2E079 (2/14)

TO: Registration Section Division of Corporations		
SUBJECT: WILPRO INVESTMENTS, L	LC	
(Name of Lim	ited Liability Comp	pany)
The enclosed member, resignation or dissoci	ation and fee(s)	are submitted for filing.
Please return all correspondence concerning	this matter to:	
JUDITH R. WILLIAMS		
(Contact Person)		
WILPRO INVESTMENTS, LLC		
(Firm/Company)		
4415C CONSTITUTION LANE		
(Address)		
MARIANNA, FL 32448		
(City/State and Zip Code)		
For further information concerning this matter	er, please call:	
JUDITH R. WILLIAMS	850	526-4877
(Name of Contact Person)	(Area Code a	& Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee		epartment of State for: Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section 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



SECRETARY OF STATE TALLAHASSEE, FLORIDA

15 JAN 26 PM 2: 45

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 PRO INVESTMENTS, LLC
2. The Florida docu L0600001702	ment/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 01/01/2015
4. I, ROGER WIL	
MGRM	
	(Print Title)
resignation in wr	bility company and affirm the limited liability company has been notified of my ting. Sociating Member or Resigning Manager
_	\$25.00 (Required)
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)