

LD6000061482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

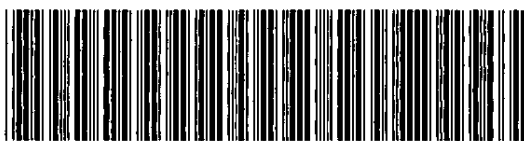
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TALLAHASSEE, FLORIDA

RA Resign  
News  
2/26/08

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** WWCM, LLC

(Name of Limited Liability Company)

**DOCUMENT NUMBER:** L06000061482

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sarah Dyrda Crane

(Name of Person)

Moore, Hill & Westmoreland, P.A.

(Name of Firm/Company)

PO Box 13290

(Address)

Pensacola, FL 32591-3290

(City/State and Zip Code)

For further information concerning this matter, please call:

Sarah Dyrda Crane

(Name of Person)

at ( 850 ) 434-3541

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of §608.416(2) or 608.509, Florida Statutes, the undersigned, WADE WILSON, hereby resigns as Registered Agent for WWCM Investments, LLC, a Florida Limited Liability Company (Document # L06000061482).

A copy of this resignation was mailed to the above listed limited liability company at its last known address and was delivered to the member of the listed limited liability company holding 100% interest.

The agency is terminated and the office discontinued on the 31<sup>st</sup> day after the date on with this statement is filed.

  
WADE WILSON

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