

L060000061482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

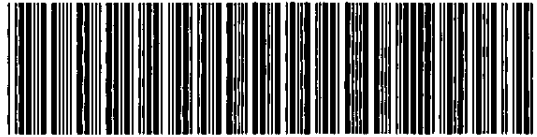
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A. LUNT

FEB 26 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WWCM, LLC

(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

Sarah Dyrda Crane

(Contact Person)

Moore, Hill & Westmoreland, P.A.

(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 Contact Person)

at (850) 434-3541

(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
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

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RESIGNATION OF MANAGING MEMBER OF LIMITED LIABILITY COMPANY

The undersigned, WADE WILSON, hereby resigns as Managing Member of WWCM Investments, LLC, a Florida Limited Liability Company (Document # L06000061482).

I affirm that the limited liability company has been notified of my resignation in writing.


WADE WILSON

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TALLAHASSEE, FLORIDA