10800057303

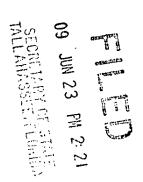
| (Re | equestor's Name) | |
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| (*** | , 4 | |
| (Ad | idress) | |
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| (Ad | ldress) | . |
| | | |
| (Cit | ty/State/Zip/Phone | : #) |
| | | 1 |
| PICK-UP | ☐ WAIT | MAIL |
| • | | |
| (Bu | isiness Entity Nam | ne) |
| | | |
| (Do | ocument Number) | |
| Cartified Capies | Cartificates | of Status |
| Certified Copies | _ Certificates | or Status |
| | | |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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06/23/09--01062--018 **200.00



S. HAWKES
JUN 2 4 2009
EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: WEALTHWISE (Name of Limi | ted Liability Company) |
| The enclosed member, managing member or filing. | manager resignation and fee(s) are submitted for |
| Please return all correspondence concerning | this matter to: |
| Contact Person) | |
| (Firm/Company) | |
| 1524 AUON MORE SQUA (Address) | RE |
| PICKERTUG, ONTARTO, CAN'TO (City/State and Zip Code) | ADALIV 7H3 |
| For further information concerning this matter | er, please call: |
| (Name of Contact Person) | at (239) 834-7470 (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to \$25 Filing Fee | the Florida Department of State for: \$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 |

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

| | limited liability compa | | | | partment | |
|--|--|---------------------|-------------------------|----------------------|-----------|----------|
| | lity company was orga | nized under the l | aws of: | SECRETARY SE | 09 Jun 23 | |
| 3. The Florida docu | ment/registration numb | per of this limited | l liability company | is: | | <u> </u> |
| 40800 | 0057303 | · | | <u> </u> | 2:2 | |
| 4. I, Glena (Print No | TUTLY ame of Person Resigning) | , hereb | y resign as a <u>mA</u> | NACING (Print Title) | MOMBE | K |
| of this limited liab resignation in wri | oility company and affination. | rm the limited lia | ability company has | s been notifie | ed of my | |
| | | > | | | | |
| Signature of Resignation | gning Member, Manag | ing Member or N | Manager | | | |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | | | | |