L09000018148

(Requestor's Name)					
(Address)					
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S. PRATHER

COVER LETTER

	Registration Section		
	Division of Corporations		
SUBJE			
	(Name of Lim	iited Liability Cor	mpany)
The enc	closed member, resignation or dissoci	ation and fee(s	s) are submitted for filing.
Please r	return all correspondence concerning	this matter to:	
Wilbert F	Brown		
	(Contact Person)		_
wccj inve	estments		
	(Firm/Company)		_
22450 sw	v 128 ave		
	(Address)		_
miami, F	lorida 33170		
	(City/State and Zip Code)		_
For furt	ther information concerning this matt	er, please call:	
Wilbert E	Brown	954 at (444 7599
-	(Name of Contact Person)		& Daytime Telephone Number)
Enclose	ed please find a check made payable	to the Florida I	Department of State for:
X \$25	Filing Fee	□ \$55 Filin	g Fee & Certified Copy
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303



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	he Florida Department
of State is: Wccj	investments		
2. The Florida doc	ument/registration number as	ssigned to this limited liability	company is:
L09000018148			
3. The date this me	ember/manager withdrew/res	igned or will withdraw/resign	09/06/2022 1 is:
Inchin A Dearen			
(Print N	ame of Person Resigning)	, hereby withdraw/resign	
Manager			
 -	(Print Title)		
of this limited lia resignation in wr	• •	e limited liability company ha	as been notified of my
jb	Lowe		
Signature of D	issociating Member or Resig	ning Manager	ZIZZ JUN 13 T
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)		HAS:
Certified Copy:	\$30.00 (Optional)		