

12/7/2017

LO9000036915

Division of Corporations
Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : MORAITIS, COFAR, KARNEY & MORAITIS
Account Number : I19990000033
Phone : (954)563-4163
Fax Number : (954)563-5913

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: hperry@mcklaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
WSFMI LLC

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WSFM1, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Amendment or Cancellation of Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

HEATHER PERRY

Name of Person

MORAITIS, COFAR, KARNEY & MORAITIS

Firm/Company

915 MIDDLE RIVER DRIVE, SUITE 506

Address

FORT LAUDERDALE, FL 33304

City/State and Zip Code

hperry@mcklaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Heather Perry at 954 563-4163
Name of Person Area Code Daytime Telephone Number

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

CR2E145 (2/14)

AMENDMENT OR CANCELLATION OF STATEMENT OF AUTHORITY

Pursuant to section 605.0302(2), Florida Statutes, this limited liability company submits the following:

FIRST: The name of the limited liability company is: WSFM1, LLC

SECOND: The Florida Document number of the limited liability company is: L09000036915

THIRD: The street address of the limited liability company's principal office is:

1252 Makarios Drive

St. Augustine, FL 32080

The mailing address of the limited liability company's principal office is:

1252 Makarios Drive

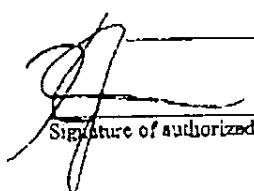
St. Augustine, FL 32080

FOURTH: The date the statement of authority became effective is: February 2, 2015

FIFTH: The statement of authority is cancelled.

OR

The amendment to the statement of authority is
See Attached Exhibit "A"


Signature of authorized representative

Kenneth M. Jones
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

CR2E145 (2/14)

EXHIBIT "A"

This statement of authority grants or sets limitation of authority on all persons having the status or position of a person in a company, whether as a member, manager, officer or otherwise or to a specific person on the following:

1. May execute an instruction transferring real property held in the name of the company:

Kenneth M. Jones
Patricia Houchens

2. May enter into other transaction on behalf of or otherwise act for or bind the company.

Granted to: Kenneth M. Jones
Patricia Houchens

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