

L1000000 2003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

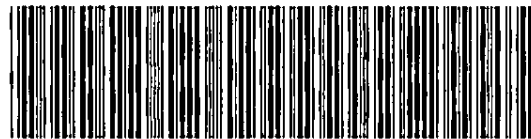
(Business Entity Name)

(Document Number)

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2020 APR 21 PM 4:03

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MAY 01 2020

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** W2 TEAM, LLC

\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L10000002003

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:

WU, SHI MING

\_\_\_\_\_  
Name of Person

W2 TEAM, LLC

\_\_\_\_\_  
Name of Firm/Company

18800 NE 29TH AVE STE 10

\_\_\_\_\_  
Address

AVENTURA, FL 33180

\_\_\_\_\_  
City/State and Zip Code

Aventurachef@gmail.com

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

For further information concerning this matter, please call:

Yi Wei

305

778-1283

\_\_\_\_\_  
Name of Person

at (

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

2020 APR 21 PM 4:03

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

CHEN, JIN XIANG

, hereby resigns as

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for WU, SHI MING

W2 TEAM, LLC

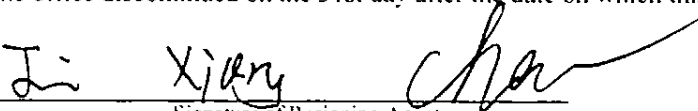
\_\_\_\_\_  
Name of Limited Liability Company

L10000002003

\_\_\_\_\_  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

**FILING FEES:**

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

**Make checks payable to Florida Department of State and mail to:**  
**Division of Corporations**  
**P.O. Box 6327**  
**Tallahassee, FL 32314**