210000039364

| (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) | (Reques | tor's Name) | |
|---|------------------|-----------------|-------------------------|
| (City/State/Zip/Phone #) PiCK-UP WAIT MAIL (Business Entity Name) | (Address | <u> </u> | - 171 -171-1 |
| PiCK-UP WAIT MAIL (Business Entity Name) | (Address | 5) | ч. |
| (Business Entity Name) | (City/Sta | te/Zip/Phone #) | |
| | PICK-UP | WAIT | MAIL |
| (Document Number) | (Busines | s Entity Name) | |
| | (Docume | ent Number) | ···· |
| Certified Copies Certificates of Status | Certified Copies | Certificates of | Status |

Special Instructions to Filing Officer:

A. LUNT

APR 13 2010

EXAMINER

Office Use Only



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SUCRE PARY OF STATE TALL AHASSEE, FLORION

COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|---|
| SUBJECT: WFB LEADER (Name of Limited | Liability Company) |
| The enclosed member, managing member or managing. | anager resignation and fee(s) are submitted for |
| Please return all correspondence concerning thi | s matter to: |
| Steven D. Sukol | vicH. |
| WEB LEOder LLC (Firm/Company) | 2011 APR 11 |
| 1474 Federal HW | |
| Homestecal Fl 33 (City/State and Zip Code) | 1030 |
| For further information concerning this matter, | please call: |
| Steven D Sukovich and (Name of Contact Person) | t (<i>305</i>) <u>393 - 89 95</u> (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to t \$25 Filing Fee | he Florida Department of State for: \$55 Filing Fee & Certified Copy |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |
| 2001 Executive Center Circle | i ananassee, pioriga 32314 |

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

| 1. The name of the limited liability company as it appears on the records of the Flo | rida Departm | ent |
|---|---------------------------------------|------------|
| of State is: WED LEacher LLC | | _ · |
| 2. This limited liability company was organized under the laws of: | 2011 APR 11 SECRETARY ALLAHASSE | |
| 3. The Florida document/registration number of this limited liability company is: <u>L/000039364</u> | PH I2: 38 | |
| 4. I, ViCtor H Enriquez, hereby resign as a MG (Print Name of Person Resigning), hereby resign as a MG (Print Name of Person Resigning) | QM int Title) | - |
| of this limited liability company and affirm the limited liability company has been resignation in writing. | n notified of n | ny |
| Signature of Resigning Member, Managing Member or Manager | | • |

Filing Fee: Certified Copy:

\$25.00 (Required) \$30.00 (Optional)