1/3/23, 10:49 AM

Division of Corporations

Electronic Bling Cover Sheet

print this page and use it so cover sheet. Type the fax audit number Note: Please (shown below) on the top and bottom of all pages of the document.

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Tc:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONROY, CONROY & DURANT, P.A.

Account Number : I20190000025 Phone : (239)549-5200 Fax Number : (239)549-8140

\*\*Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please. \*\*

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WNY HOLDINGS LLC

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JAN 0 4 2023

## (((H23000000818 3)))

## **COVER LETTER**

TO: Registration Section	
Division of Corporations	
WNY Holdings LLC	
SUBJECT: (Name:	of Limited Liability Company)
The enclosed member, resignation or d	lissociation and fee(s) are submitted for filing.
3.00	
Please return all correspondence conce	ming this matter to:
Michael A. Durant	
(Contact Person)	
Conroy, Couroy & Durant, P.A.	
(Firm/Company)	
2210 Vanderbilt Beach Road, Suite 1201	
(Acdress)	
,	
Naples, FL 34109	
(City/State and Zip Code)	)
For further information concerning this	s matter, please call:
Samantha MacLeod	239 649-5200 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made pay	yable to the Florida Department of State for:
■ \$25 Filing Fee	S55 Filing Fee & Certified Copy
Mafilng Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 5327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303
CR2E079 (2/14)	

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## 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)

l. The name of th	ne limited liability company as it a	ppears on the records of th	e Florida Departi	ment
of State is:	Y Holdings LLC			<u></u> .
2. The Florida do	cument/registration number assign	ed to this limited liability	company is:	
3. The date this r	rember/manager withdrew/resigns	ed or will withdraw/resign	is:	/1/23
Christopher L	d <b>e</b>	_, hereby withdraw/resign	nc 2	
4. I,	Name of Person Resigning)	_, necesy withdrawitesign	113 4	
Manager				
Manager	,			
./	(Print Title)			
of this limited l	ability company and affirm the list	mited liability company ha	s been n <mark>ot</mark> ified o	f my
resignation in				
	Cert-			
Signature of	Dissociating Member or Resigning	3 Manager	<b>18</b>	2023
	60 C 00 (D ' 4)			<u>.</u>
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		•	1
Certified Copy.	330.00 (Optional)		•-	ယ် ကို 
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CR2E079 (2/14)				