L11000112764

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



900237813309

07/30/12--01010---007 **25.00

SECREIARY OF STATE
TALLAHASSEE, FLORIDA

APPROVEU, AND FILED

D. BRUCE
JUL 3 1 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		·	
SUBJECT: WMC, LLC			
(Name of Limited Liability C	Company)	_	
The enclosed member, managing member or manager refiling.	signation and fee(s) are submit	ted for	
Please return all correspondence concerning this matter t	o:		
Kristin M. Litts, JD, LLM			
(Contact Person)			
Medico-Legal Consultants, LLC			
(Firm/Company)		TAI SI	
200 South Biscayne Blvd. Suite 2790		CRET	
(Address)		30 ARY ASSI	FILED
Miami, FL 33131		12 JUL 30 PH 1: 45 SECRETARY OF STATE ALLAHASSEE, FLORIO	
(City/State and Zip Code)		OR II	
For further information concerning this matter, please ca	H:	()()()	
Kristin M. Litts, JD, LLM at (772	766-9671		
(Name of Contact Person) (Area Co	de & Daytime Telephone Numbe	r)	
Enclosed please find a check made payable to the Florid. \$25 Filing Fee	a Department of State for: \$55 Filing Fee & Certified Copy		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327 Tallahassee, Florida 32314	i	
2661 Executive Center Circle	rananassee, Pionua 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 ap of State is: WMC, LLC	pears on the records	of the Flori	da Department	
2. This limited liability company was organized under Florida	er the laws of:		J2 SEI TALI	
3. The Florida document/registration number of this L11000112764	limited liability con	npany is:	JUL 30 PM CRETARY OF S LAHASSEE, FI	FILED
4. I, Richard J. Reittinger	, hereby resign as a	MGRM	ORIDE TELE	Ċ
of this limited liability company and affirm the lim resignation in writing. Signature of Resigning Member, Managing Memb		,	<i>Tide)</i> notified of my	

CR2E079 (5/06)

Filing Fee: Certified Copy:

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