L12	00004	5	138
-----	-------	---	-----

	(Requestor's Name)			
	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
PICK-UI				
<u></u>	(Business Entity Name)			
	(Document Number)			
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

900357045519

RECEIVED

DEC 2 8 2020



FEB 0 9 2021 S. YOUNG

Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations

WP Valet, LLC SUBJECT:

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Kimberly Lipari

(Contact Person)

Valet

(Firm/Company)

322 Gregory Drive

(Address)

Luling, LA 70070

(City/State and Zip Code)

For further information concerning this matter, please call:

 Kimberly Lipari
 at (_____)

 (Name of Contact Person)
 (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee Certified Copy

Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303Tallahassee, FL 32303

CR2E079 (2/14)



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)

- 1. The name of the limited liability company as it appears on the records of the Florida Department of State is: <u>WP Valet, LLC</u>.
- 2. The Florida document/registration number assigned to this limited liability company is: 1.12000045138
- 3. The date this member/manager withdrew/resigned or will withdraw/resign is:
- 4. I. ______, hereby withdraw/resign as a

(Print Name of Person Resigning)

MGR/ AMBR

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Kimberly Lipari

Signature of Dissociating Member or Resigning Manager

Filing Fee:\$25.00 (Required)Certified Copy:\$30.00 (Optional)

