

L12000051508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

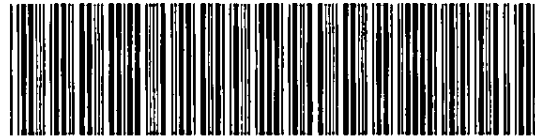
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700325878607

03/18/19--01028--013 **25.00

FILED

2019 MAR 18 P 4 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. LEMIEUX

MAR 26 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wowern Industries
(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:

Linda von Wowern
(Contact Person)

(Firm/Company)

1244 Parview dr
(Address)

Sanibel, FL 33957
(City/State and Zip Code)

For further information concerning this matter, please call:

Linda von Wowern at (239) 223 8382
(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

☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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



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: WOWERN INDUSTRIES LLC

2. The Florida document/registration number assigned to this limited liability company is:

L12000081508

3. The date this member/manager withdrew/resigned or will withdraw/resign is:

July 18/2018

4. I, Linda von Wowern, hereby withdraw/resign as a
(Print Name of Person Resigning)

MGR
(Print Title)

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

[Signature]
Signature of Dissociating Member or Resigning Manager

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

FILED
2019 MAR 18 P 4:52
CLERK OF STATE
TALLAHASSEE, FLORIDA