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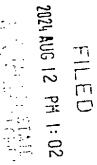
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer.				
J. HORNE AUG 2 U 2024				
 				

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COVER LETTER

W DEVELOPMENT GROUP ELC SUBJECT:	
Name of Limited Liabilit	y Company
DOCUMENT NUMBER: L13000038667	
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to	he following:
ALAN K. MARCUS, ESQ.	
Name of Person	_
MARCUS LAW CENTER, LLC	
Name of Firm/Company	_
2600 S DOUGLAS ROAD, SUITE 1111	
Address	-
CORAL GABLES, FLORIDA 33134	
City/State and Zip Code	-
amarcus@marcuslawcenter.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Alan K. Marcus 305 at (507-1203
Name of Person Area Code	Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327

Registration Section Division of Corporations

TO:

Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115, Florida Statutes, the	undersigned,	
ALAN K. MARCUS. E	SQ.	, hereby resigns as	-2
	Name of Registered Agent	, nerony reingini iii	
Registered Agent for	W DEVELOPMENT GROUP LLC		PERH AUG
			2 5
	Name of Limited Liability Company		
1.13000038667			· · · · · · ·
Document à	Number, if known		•
A copy of this resignat	ion was mailed to the above listed limited liab	oility company at its last k	nown address.
The agency is terminat	ted and the office discontinued on the 31st day	after the date on which t	his statement is filed.
	Signature of Resigning A	gent	
If signing on behalf of	an entity:		
	Alan K. Marcus		
	Typed or Printed Name		
	Attorney		
	Capacity		

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

COVER LETTER

W DEVELOPMENT GROUP LLC SUBJECT: Name of Limited Liability Company DOCUMENT NUMBER: L13000038667 The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ALAN K. MARCUS, ESQ. Name of Person MARCUS LAW CENTER, LLC Name of Firm/Company 2600 S DOUGLAS ROAD, SUITE HILL Address CORAL GABLES, FLORIDA 33134 City/State and Zip Code amarcus@marcuslawcenter.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (______) 507-1203 Area Code Daytime Telephone Number Alan K. Marcus Name of Person

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TO:

Registration Section Division of Corporations

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ALAN K. MARCUS. E	ESQ.	, hereby resigns as	DOCH AUS
	Name of Registered Agent	, nereby resigns as	7 5
Registered Agent for	W DEVELOPMENT GROUP LLC		2,0
	Name of Limited Liability Company		
L13000038667			
Document	Number, if known		
A copy of this resigna	tion was mailed to the above listed limited liab	oility company at its last k	nown address.
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	Signature of Resigning Ag	gent	
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	Alan K. Marcus		
	Typed or Printed Name	<u></u>	
	Attorney		
	Capacity	-	

FILING FEES:
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