

L13000045796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

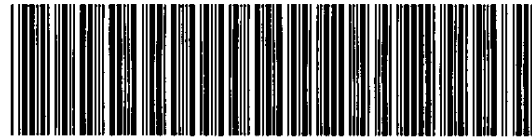
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SOUTHERN DISTRICT OF CALIFORNIA
FBI/DOJ



**FLORIDA DEPARTMENT OF STATE
Division of Corporations**

May 27, 2014

**WORLD WIDE LAND LLC
1223 SE 47TH TERRACE #2
CAPE CORAL, FL 33994**

**SUBJECT: WORLD WIDE LAND LLC
Ref. Number: L13000045796**

We have received your document for WORLD WIDE LAND LLC and your check(s) totaling \$140.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

**Irene Albritton
Regulatory Specialist II**

Letter Number: 414A00011371

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**

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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: WORLD WIDE LAND, LLC

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

L13000045796

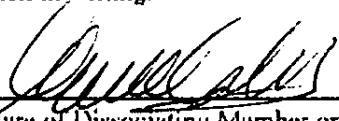
3. The date this member/manager withdrew/resigned or will withdraw/resign is: March 11, 2014

4. I, ALICIA SCHOL, hereby withdraw/resign as a
(Print Name of Person Resigning)

Managing Member

(Print Title)

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



Signature of Dissociating Member or Resigning Manager

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

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14 SEP - 2 PM 4: 06
TALLAHASSEE, FLORIDA