

L14000117210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

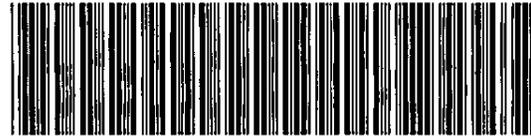
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500265704865

10/24/14--01025--013 \*\*25.00

SECRETARY OF STATE  
FALLAHASSFI FILING  
14 OCT 24 PM 4:00  
FILED

*auto member resignation*

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WEMO Solution Services, LLC  
(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:

Lisa Rydzik  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

8928 Boulder Run Loop  
(Address)

Wesley Chapel, FL 33545  
(City/State and Zip Code)

FILED  
14 OCT 24 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Lisa Rydzik at ( 863 ) 647-3115  
(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: WEMO Solution Services, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L14000117210

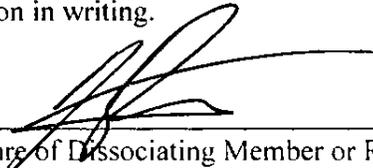
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 7/25/2014

4. I, GWH Consulting, LLC (Kevin Poynter), hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Authorized 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)

FILED  
14 OCT 24 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA