

L14000175058

(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



400342103404

03/18/20--01011--016 \*\*25.00

2020 MAR 16 PM 2:20

2020 MAR 16 PM 2:20

2020 MAR 16 PM 2:20

O SIMMONS

MAR 30 2020

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WWD TRACT 4, 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:

Joseph M. Balocco, Jr.  
\_\_\_\_\_  
(Contact Person)

Joseph M. Balocco, Jr., P.A.  
\_\_\_\_\_  
(Firm/Company)

4332 E. Tradewinds Avenue  
\_\_\_\_\_  
(Address)

Lauderdale By-The-Sea, FL 33308  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph M. Balocco, Jr.                      954                      530-4731  
\_\_\_\_\_  
(Name of Contact Person)                      at (                      )                      (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

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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



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: WWD TRACT 4, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L14000175058

3. The date this member/manager withdrew/resigned or will withdraw/resign is: March 6, 2020

4. I, Walter E. DeMartini, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Manager/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)

2020 MAR 16 PM 2:20