

L15000 128747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

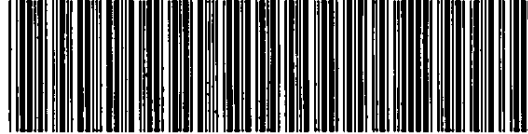
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 21 2016

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

WAKB/RDS 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:

(Contact Person)

MATT COLLEMAN

(Firm/Company)

(Address)

4508 W BRYAN AVE

(City/State and Zip Code)

TAMPA, FL 33609

For further information concerning this matter, please call:

(Name of Contact Person)

MATT COLLEMAN

(Area Code & Daytime Telephone Number)

at (813) 230-8935

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

CR2E079 (2/14)



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: WARRIOR LLC

2. The Florida document/registration number assigned to this limited liability company is: 715000128347

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

4. I, MATTHEW CORCAHAN, hereby withdraw/resign as a CFO (Print Name of Person Resigning)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing. _____ (Print Title)

Signature of Dissociating Member or Resigning Manager

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

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16 MAY 19 AM 7:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA