## L15000142978

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		





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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 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:
Alicin Toiberna (Contact Person)
(Firm/Company)
1200 Brichell Bry Prive #2505  (Address)  (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Contact Person)  at (305) 336-7783  (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee \$\sum \\$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section  MAILING ADDRESS: Registration Section

**Division of Corporations** 

Tallahassee, Florida 32314

P.O. Box 6327

CR2E079 (2/14)

Clifton Building

**Division of Corporations** 

2661 Executive Center Circle

Tallahassee, Florida 32301



## 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	Depar	tment	
of State is: WPBC CCC		·	
2. The Florida document/registration number assigned to this limited liability company	is:		
L15000142978	4	n.	
3. The date this member/manager withdrew/resigned or will withdraw/resign is:	90	105	6
4. I, (Print Name of Person Resigning), hereby withdraw/resign as a	•	1	
(Print Title)			
of this limited liability company and affirm the limited liability company has been not resignation in writing.	ified o	of my	
Signature of Dissociating Member or Resigning Manager	100	7 # 22	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	PH   2	FILED STATED STATED	ē,