

L15000174455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

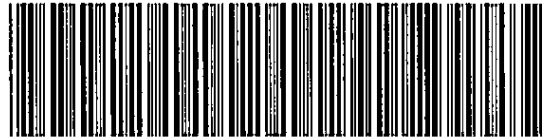
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2021 MAY 27 PM 3:12
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: W. P. CONSULTANTS ASSOCIATES, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L15000174455

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JERRY W. ALLENDER, ESQUIRE

Name of Person

ALLENDER & ALLENDER, P.A.

Name of Firm/Company

719 Garden Street

Address

Titusville, Florida 32796

City/State and Zip Code

jallender@allenderlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JERRY W. ALLENDER

Name of Person

at (321) 269-1511
Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

ALEXANDER J. LUDWIG

Name of Registered Agent

, hereby resigns as

Registered Agent for W. P. CONSULTANTS ASSOCIATES, LLC

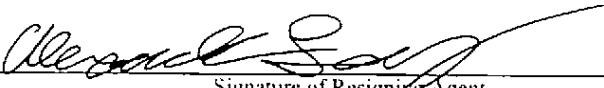
Name of Limited Liability Company

LI5000174455

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

ALEXANDER J. LUDWIG

Typed or Printed Name

Capacity

2021 MAY 27 PM 3:12
TALLAHASSEE, FLORIDA

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314