

L16 0000051569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

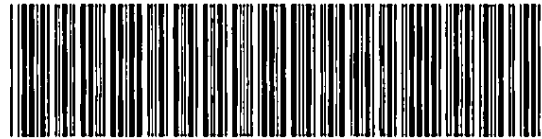
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/24/20--01017--021 **75.00

RECEIVED

NOV 24 2020

FILED
2429 NOV 23 AM 7:39
CLERK OF COURT
TALLAHASSEE, FL

O SIMMONS

JAN 11 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wright Way Construction Management, 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:

Karey Wright

(Contact Person)

Wright Way Construction Management, LLC

(Firm/Company)

6750 North Andrews Avenue Suite 200

(Address)

Fort Lauderdale, FL 33309

(City/State and Zip Code)

For further information concerning this matter, please call:

Karey Wright

954 998-2658
at ()
(Area Code & Daytime Telephone Number)

(Name of Contact Person)

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



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FLORIDA DEPARTMENT OF STATE AND LOCAL STATE
DIVISION OF CORPORATIONS AND BUSINESSES, FL

**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: Wright Way Construction Management, LLC

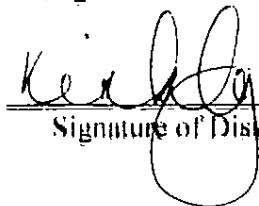
2. The Florida document/registration number assigned to this limited liability company is:
L16000051569

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/13/2020

4. I, Kimberley Wright, hereby withdraw/resign as a
(Print Name of Person Resigning)

Authorized Member, Comptroller
(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)