

L16 000051569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

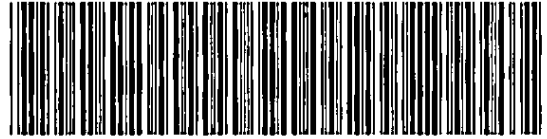
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 NOV 23 AM 7:39
SECRETARY OF STATE
TALLAHASSEE, FL

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O SIMMONS
JAN 11 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wright Way Construction Management, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Karey Wright

Name of Person

Wright Way Construction Management, LLC

Firm/Company

6750 N. Andrews Ave Suite 200

Address

Fort Lauderdale, FL 33309

City/State and Zip Code

info@wrightwayem.com

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

For further information concerning this matter, please call:

Karey Wright

954

998-2658

at ()

Name of Person

Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



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DEPARTMENT OF STATE
TALLAHASSEE, FL

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: 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, Christina Wright, hereby withdraw/resign as a
(Print Name of Person Resigning)

Authorized 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)