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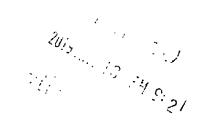
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## **COVER LETTER**

TO: Registration Section Division of Corporations WAYNE SOLUTIONS WORLDWIDE LLC 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: VERONICA VILORIA (Contact Person) WAYNE SOLUTIONS WORLDWIDE LLC (Firm/Company) 8070 NW 71ST STREET (Address) **MIAMI FL 33166** (City/State and Zip Code) For further information concerning this matter, please call: VERONICA VILORIA (Name of Contact Person) (Area Code & Daytime Telephone Number) 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: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 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 t	he limited liability com	pany as it appears on the records of the Florida Department
of State is: W	AYNE SOLUTIONS	WORLDWIDE LLC
2. The Florida de L16000124	1 -	mber assigned to this limited liability company is:
3. The date this	member/manager withd	rew/resigned or will withdraw/resign is: MAY 2 2019
4. 1, YELIMA PINTO DE GONZALEZ  (Print Name of Person Resigning)		harshy withdraw/racian as a
AMBR	Trame of Terson Resigning	
of this limited resignation in		ffirm the limited liability company has been notified of my
Signature of	Dissociating Member o	or Resigning Manager
Filing Fee:	\$25.00 (Required	
Certified Copy:	\$30.00 (Optional	)
CR2E079 (2/14)		