16000194696

(Re	equestor's Name)	
(Ad	dress)	
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COVER LETTER v

•	tion Section of Corporations		
SUBJECT:	WT, LLC		
	(Name of Limited Liability Company)		
The enclosed me	ember, resignation or dissocia	tion and fee(s) are submitted for filing.
Please return all	correspondence concerning th	nis matter to:	
Bradley Trushi	in		_
	(Contact Person)		
Chepenik Trus	shin LLP		
	(Firm/Company)		_
12550 Biscayn	ne Blvd., Ste 805		_
	(Address)		
North Miami, F	FL 33181		
	(City/State and Zip Code)		-
For further information concerning this matter, please call:			
Bradley Trushi	in	305 at (981-8889
(Name	e of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\Bigsim \frac{1}{2}\$ \$55 Filing Fee & Certified Copy			
STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, Flo	porations 3 Center Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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 the	e limited liability company as it appears on the records of the Florida Department
of State is:	/T, LLC
2. The Florida doc	nument/registration number assigned to this limited liability company is:
L1600019469	96
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: $\frac{2}{20/17}$
Tyler Trushi	hereby withdraw/recian as a
(Print)	, hereby withdraw/resign as a
member and	
	(Print Title)
of this limited lia resignation in wi	ability company and affirm the limited liability company has been notified of my riting.
MAR.	(welli
Sygnature of D	issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)