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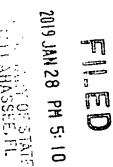
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#### **COVER LETTER**

TO:	_	stration Section sion of Corporations				
SUBJ	WMC PARTNERS GROUP I, LLC					
SODSE	DC1.	(Name of Limited Liability Company)				
The er	nclosed	1 member, resignation or dissoci	ation and fee(s	s) are submitted for filing.		
Please	return	all correspondence concerning	this matter to:			
Romy	/ Jura	do, Esq.				
		(Contact Person)		_		
Jurad	o&F	arshchian, P.L.				
		(Firm/Company)		-		
1295	5 Bisc	ayne Blvd. Suite 328				
		(Address)		_		
North	Miam	ni, Florida 33181				
	••	(City/State and Zip Code)	· ·	_		
For fu	rther in	nformation concerning this matte	er, please call:			
Romy	y Jura	do, Esq.	305	921.0440		
	(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)		
	sed ple Filing	ase find a check made payable to g Fee		Department of State for: 3 Fee & Certified Copy		
		OURIER ADDRESS:		MAILING ADDRESS:		
_		Section Corporations		Registration Section Division of Corporations		
	n Build	•		P.O. Box 6327		
2661 E	Execut	ive Center Circle Florida 32301		Tallahassee, Florida 32314		

CR2E079 (2/14)



# FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

# FILED

2019 JAN 28 PM 5: 10

SLUAL ART OF STATE TALLAHASSEE, FL

# DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	e limited liability company as it appears on the records of the Florida Department IC PARTNERS GROUP I, LLC
2. The Florida doo	cument/registration number assigned to this limited liability company is:
3. The date this m	ember/manager withdrew/resigned or will withdraw/resign is:
4. I. Teresa Pec	yner, hereby withdraw/resign as a  Name of Person Resigning)
Managing M	ember / Manager (Print Title)
resignation in w	ability company and affirm the limited liability company has been notified of my riting
Signature of D	vissociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Ontional)