117000067639

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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Resignation

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COVER LETTER

Division of Corporations	
SUBJECT: SUBJECT: (Name of Limited I	Management, U.C.
The enclosed member, resignation or dissociation	n and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
Aldo Beltrano	
(Contact Person)	
Beltrano & Associates	
(Firm/Company)	
4495 Military Trail Ste:107	
(Address)	
Jupiter, FL 33458	
(City/State and Zip Code)	
For further information concerning this matter, p	lease call:
Aldo Beltrano	561 799-6577
	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	e Florida Department of State for:
· · · · · · · · · · · · · · · · · · ·	\$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303







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

(Pursuant to 605.0216, Florida Statutes)

	e limited liability company as W Management, LLC	s it appears on the records of the Florida Department
2. The Florida doc L17000067639	cument/registration number a	ssigned to this limited liability company is:
3. The date this m	ember/manager withdrew/res	signed or will withdraw/resign is:
4. I, Nicole Caputo	Name of Person Resigning)	, hereby withdraw/resign as a
Manager and Me		
	(Print Title)	
resignation in w	• •	ne limited liability company has been notified of my 1/13/2020 gring Manager
	\$25.00 (Required) \$30.00 (Optional)	