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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SIMMONS  
7/11

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WYNWOOD YOGA STUDIO, LLC  
(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:

**RAFAEL RECALDE**  
\_\_\_\_\_  
(Contact Person)

**WYNWOOD FUNDING, LLC**  
\_\_\_\_\_  
(Firm/Company)

**10800 BISCAYNE BLVD, STE 988**  
\_\_\_\_\_  
(Address)

**MIAMI, FL 33161**  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

**RAFAEL RECALDE** at 305 792-9100  
(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:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED  
18 JUL  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
PM 6:50

**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: WYNWOOD YOGA STUDIO, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L17000100597

3. The date this member/manager withdrew/resigned or will withdraw/resign is: July 6, 2018

4. I, Wynwood Funding, LLC, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Manager  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Wynwood Funding, LLC

By: Rafael Reade, Manager

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)