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COVER LETTER

Division of Corporations
SUBJECT: W. R. A MUSement 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:
Wayne Rivell (Contact Person)
W. R. Amusement LLC (Firm/Company)
625 S YONGE ST.
ORMOND BEACH FL 321741 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Contact Person) at (386) 295 - 5952 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\P\$\$ \$25 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

TO: Registration Section

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 I	imited liability company as it appears on the records of the Florida Department
of State is:	R. Amusement LLC
	ment/registration number assigned to this limited liability company is:
3. The date this mer	nber/manager withdrew/resigned or will withdraw/resign is: 17-7UN-17
4.1. Bhara	A Para contains
α	Print Title)
of this limited liab resignation in write	ility company and affirm the limited liability company has been maiffied of mying.
Signature of Dis	sociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)