## 117000122456

| (Re                     | equestor's Name)   |                    |
|-------------------------|--------------------|--------------------|
|                         |                    |                    |
| (Ad                     | ldress)            |                    |
|                         |                    |                    |
| (Address)               |                    |                    |
|                         |                    |                    |
| (Cit                    | ty/State/Zip/Phone | <del>&gt;</del> #) |
| _                       | _                  | _                  |
| PICK-UP                 | ☐ WAIT             | MAIL               |
|                         |                    |                    |
| (Bu                     | isiness Entity Nan | ne)                |
|                         |                    |                    |
| (Document Number)       |                    |                    |
|                         |                    |                    |
| Certified Copies        | Certificates       | s of Status        |
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|                         |                    | <del></del> -      |
| Special Instructions to | Filing Officer:    |                    |
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SECRETARY OF STATE
BIVISION OF OGREGRATION
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## **COVER LETTER**

| Division of Corporations  |  |  |  |
|---|--|--|--|
| SUBJECT: WYNWood Wrest  | ling Academy LLC   |  |  |
| (Name of Limited  | l Liability Company)   |  |  |
| The enclosed member, resignation or dissociation and fee(s) are submitted for filing. |  |  |  |
| Please return all correspondence concerning thi                                       | s matter to:   |  |  |
| Carlos Airoliga (Contact Person)  |  |  |  |
| (Firm/Company)  |  |  |  |
| 1631 NW 26 AVE m.   | ami FL33125  |  |  |
| M:am: FL 3312 (City/State and Zip Code)   | 25   |  |  |
| For further information concerning this matter, please call:                          |  |  |  |
| (Name of Contact Person)  | (Area Code & Daytime Telephone Number)                                   |  |  |
| Enclosed please find a check made payable to the \$25 Filing Fee                      | ne Florida Department of State for:  \$ \$55 Filing Fee & Certified Copy |  |  |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations                 | MAILING ADDRESS: Registration Section Division of Corporations           |  |  |

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301

TO: Registration Section



## 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 limited liability company as it appears on the records of the Florida Department                        |
|--|
| of State is: Wynwood Wrestling Academy.  |
| 2. The Florida document/registration number assigned to this limited liability company is:                                 |
| <u>L17000122456</u>  |
| 3. The date this member/manager withdrew/resigned or will withdraw/resign is: 3/14/18                                      |
| 4. I, Carlos Accoliga, hereby withdraw/resign as a (Print Name of Person Resigning)  |
| Manager<br>(Print Title)   |
| of this limited liability company and affirm the limited liability company has been notified of my resignation in writing. |
| all for  |
| Signature of Dissociating Member or Resigning Manager  |

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)