## L17000132714

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: WYNN DEVELOPMENT LLC (Name of Limited Liability Company)
(Name of Limifed Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
JOHN J. PAGET (Contact Person)
(Firm/Company)
1700 SW 78 AUE, APT. 3/3
PLANTATION FL. 33324 (City/State and Zip Code)
For further information concerning this matter, please call:
TOHN J. PAGET at (954) 560 - 8265  (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  \$ 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

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 limi	ted liability company as it appears on the records of the Florida Department
of State is: WYN	N DEVELOPMENT, LLC
2. The Florida documen	nt/registration number assigned to this limited liability company is:
	35714
3. The date this membe	r/manager withdrew/resigned or will withdraw/resign is: $\frac{8/27/18}{27/18}$
4.1, John Jos (Print Name of	SEPH JACK PAGE hereby withdraw/resign as a of Person Resigning)
SENIOR EXE	ECATIVE CAPITAL MARKETS
of this limited liability resignation in writing	company and affirm the limited liability company has been notified of my
Signature of Dissoc	Joek Joce Joseph Joseph Joce Joseph Joseph Josep
_	25.00 (Required)
Commed Copy.	30.00 (Optional)