

L17000181160

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

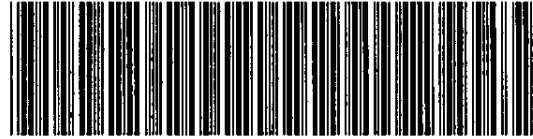
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200309457012

02/27/18--01019--012 **25.00

FILED
2018 MAR 12 P 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

MAR 13 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 28, 2018

WILLIAM KIRLAND
932 SW 74TH AVE
N LAUDERDALE, FL 33068

SUBJECT: WK WALLCOVERING, LLC
Ref. Number: L17000181160

We have received your document for WK WALLCOVERING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Application wasn't enclosed.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 318A00004115

RECEIVED
2018 MAR 12 AM 10:45
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2018 MAR 12 P 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WK Wallcovering, 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:

William Kirkland

(Contact Person)

WK Wallcovering, LLC

(Firm/Company)

932 SW 74th Ave.

(Address)

North Lauderdale, FL 33068

(City/State and Zip Code)

For further information concerning this matter, please call:

William Kirkland

at 954 895-8689
(Area Code & Daytime Telephone Number)

(Name of Contact Person)

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

FILED
2018 MAR 12 P 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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: WK WALLCOVERING, LLC

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

L17000181160

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

4. I, SONIA KIRKLAND, hereby withdraw/resign as a
(Print Name of Person Resigning)

MGR
(Print Title)

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


Signature of Dissociating Member or Resigning Manager

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

FILED
2018 MAR 12 3:31
TALLAHASSEE
FLORIDA
SECRETARY OF STATE