L17000203869

(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



300308529633

02/01/18--01017--004 **25.00

18 FEB - 1 AM 9: 30

S. WARREN FEB 0 2 2018

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: THE WORLD LEADERSHI (Name of Lin	nited Liability Company)
The enclosed member, resignation or dissoc	ciation and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to:
Jack kuine (Contact Person)	
HRISE Ordushies Iv.	
6J74 N. State NJ7, # 2	277
Coxon t Creek, R. 33 (City/State and Zip Code)	073
For further information concerning this mat	ter, please call:
JACK Le LIWE (Name of Contact Person)	at (954) 732-9122 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee	to the Florida Department of State for: \$\square\$ \$\\$55 \text{Filing Fee & Certified Copy}\$
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301



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	e Florida Department
_	E WURLD LEADERSHI		
	ment/registration number as	ssigned to this limited liability	company is:
		igned or will withdraw/resign i	s: 12 29/17
4. I. Ti Risc. Tue (Print No.	WSMISS INC ame of Person Resigning)	, hereby withdraw/resign	as a MANAGER
1 Mix Leune	Print Title)	dusinia, Or	
of this limited liab resignation in wri	• •	e limited liability company has	been notified of my
South	temp os her/an	ein of by Nex Browshie	esche.
Signature of Dis	ssociating Member or Resig	ning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		B FEB - 1 AM
			元年 9