# 0245638

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#### **COVER LETTER**

**TO:** Registration Section Division of Corporations

#### WANDERLUSTPTS, LLC

SUBJECT:		
(Name of	Limited Liability Co	ompany)
The enclosed member, resignation or diss	sociation and fee	(s) are submitted for filing.
Please return all correspondence concerni	ing this matter to	:
Jessica Jenney Renzi		
(Contact Person)		
WANDERLUSTPTS, LLC		
(Firm/Company)	<del>-</del>	
19030 Bates Ave		
(Address)		_
Eustis, FL, 32736		
(City/State and Zip Code)		
For further information concerning this m	atter, please call	:
Jessica Jenney Renzi	585	738-7295
	at (	)
(Name of Contact Person)		le & Daytime Telephone Number)
Enclosed please find a check made payab  \$\Bigsilon\$ \$25 Filing Fee		Department of State for:  ng Fee & Certified Copy
	_ *	Grand Common Only
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section		Registration Section

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

P.O. Box 6327

Tallahassee, Florida 32314

Division of Corporations

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 limited liability company WANDERLUSTPTS, LLC of State is:	y as it appears on the records of the Florida Department
2. The Florida document/registration number L17000245638	er assigned to this limited liability company is:
	 7/4/2019
3. The date this member/manager withdrew/ Gabriele C. Renzi	/resigned or will withdraw/resign is: 문유 공
4. I. (Print Name of Person Resigning) Authorized Person (AP)	. hereby withdraw/resign as a RECEDITION 12
Signature of Dissociating Member or Re	n the limited liability company has been notified of my
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	