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R. \VH!TE FEB 1 9 2020

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: WWN WYSE DEST GNG 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:
aug Ngoc To young Le (Contact Person)
WYSE De Signs L2 C (Finn/Company)
10050 SPANISH TSLES BLUD E-15
Boga Raton F1. 33498 (City/State and Zip Code)
For further information concerning this matter, please call:
Quy Herat (GG) 212 3727 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\overline{\omega}\$ \$\\$ \$25 \text{ Filing Fee & Certified Copy}\$
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)



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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)

	limited liability company as it appears on the records of the Florida Department
of State is: WY	NN WYSE DESIGNS LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L18000	015588
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 01/15/9020
\sim	ame of Person Resigning), hereby withdraw/resign as a
Vice pre	Print Title) CONDERShip, men ler
of this limited liab resignation in wri	oility company and affirm the limited liability company has been notified of my ting.
-Signature of Di	ssociating Member or Resigning Manager
_	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)

Certified Copy: