

L18 000052274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

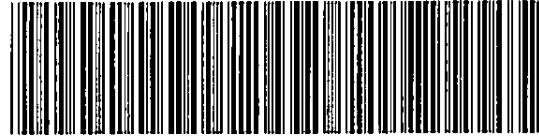
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
JUN - 6 2023

Office Use Only



900409738379

FILED
2023 JUN -5 PM 12:40
TALLAHASSEE, FL
RECEIVED
2023 JUN -5 PM 2:18
TALLAHASSEE, FL

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

WILL SELL IT ENTERPRISE LLC

Please Debit I20000000257 For: 25

Thank you Seth Neeley



____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

Signature

Requested by: SETH

06/05/23

Name

Date

Time

Walk-In

Will Pick Up

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Will Sell II Enterprise 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

Harwell Lee
(Contact Person)

Will Sell II Enterprise LLC
(Firm/Company)

1109 S. Pine Ave. Ste 101 Deltona Beach FL 32112
(Address)

Deltona Beach FL 32112
(City/State and Zip Code)

For further information concerning this matter, please call

Harwell Lee at 954 657-3213
(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 ☐ \$55 Filing Fee & Certified Copy

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
2023 JUN -5 PM 12:41
SECRETARY OF
TALLAHASSEE

**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 W.J. Sell 14 Enterprise LLC

2. The Florida document/registration number assigned to this limited liability company is
L18000052379

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 06/01/2023

4. I, Amber Scott Cyr, hereby withdraw/resign as a
(Print Name of Person Resigning)

AMER
(Print Title)

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

Amber Scott Cyr
Signature of Dissociating Member or Resigning Manager

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