

L180000069729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

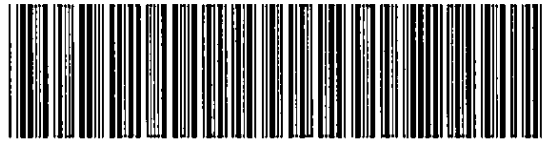
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900369814489

07/15/21--01023--007 \*\*25.00

08/05/2021  
JH

2021 JUL 15 AM 12:12  
RECEIVED  
FBI  
FBI  
FBI

FBI

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** westwing group 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:

george teichner

\_\_\_\_\_  
(Contact Person)

West wing group llc

\_\_\_\_\_  
(Firm/Company)

2401 collins avenue # 401

\_\_\_\_\_  
(Address)

Miami Beach Fl 33140

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

george teichner

305 333-2332  
at ( )

\_\_\_\_\_  
(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



2021 JUL 15 AM 12:42

SECRETARY OF STATE  
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: Westwing Group LLC

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

L18000069729

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 07/01/2021

Kodjotse Sabri

4. I, \_\_\_\_\_, hereby withdraw/resign as a

*(Print Name of Person Resigning)*

Member

*(Print Title)*

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

Kodjotse Sabri

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)