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#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: WINWA LLC  Name of Limited Liability Company  L 8 000 29 077
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:  Sarah M. Geltz 1890  Name of Person  The Mendrick Law Grap  Name of Firm/Company  Go N. Wymare Rd Site 370  Address  MaiHard FL 32751  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  Savah Gel+Z at (407) G41 • 584 77  Name of Person Area Code Daytime Telephone Number  Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

### **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

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

2021 JAN 25 PM 4: 54

SECRETARY OF STATE TAUL MHASSES, FL

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned.
Sarah M. Geltz . hereby resigns as
Name of Registered Agent
Registered Agent for WINKIN LLC
Name of Limited Liability Company
L18000390771
Document Number, if known
A copy of this resignation was mailed to the above listed limited liability company at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.  Signature of Resigning Agent
f signing on behalf of an entity:
Typed or Printed Name
Capacity

FILING FEES:

\$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED Jan 06, 2019 Secretary of State

#### ARTICLES OF DISSOLUTION

Pursuant to section 605.0707, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

The name of the limited liability company as currently filed with the Florida Department of State:

WINKIN LLC

The document number of the limited liability company: L18000290771

The file date of the articles of organization: December 19, 2018

The effective date of the dissolution if not effective on the date of filing: January 6, 2019

A description of occurance that resulted in the limited liability company's dissolution:

COMPANY CLOSED

The name and address of the person appointed to wind up the company's activities and affairs:

663 POST OAK CIR UNIT 125 ALTAMONTE SPRINGS. 32701

I/we submit this document and affirm that the facts stated herein are true. I/we am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: KIMBERLY GREN

Electronic Signature of authorized person