11900000 1731

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SECRETARY OF SIC

DUL 5/29/20

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: NWF McCHan, (Name of Limite	d Liability Company)
The enclosed member, resignation or dissociat	ion and fee(s) are submitted for filing.
Please return all correspondence concerning the	nis matter to:
NWFL Mechanical (Firm/Company)	LLC
4812 Gulf Breeze Parl	-uxu
Gulf Breeze FL 3250 (City/State and Zip Code)	<u>.</u>
For further information concerning this matter	, please call:
Chris Gist (Name of Contact Person)	at (850) 240-0018 (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

CR2E079 (2/14)

Tallahassee, FL 32303



FILED

2020 MAY -8 AM 10: 21

SECRETARY OF SWITTALLAHASSEE, FLUG

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:	WFI mecHanical LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L19000	<u>01731</u>
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 5- 1-20
4.1, Meling	hereby withdraw/resign as a me of Person Resigning)
Co/owner	Print Title)
of this limited liab resignation in wri	oility company and affirm the limited liability company has been notified of my ting.
melent	State Manhar or Reciping Manager
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)

CR2E079 (2/14)