L19000006339

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

CEC 1: 2010

COVER LETTER . . .

TO: Registration Section Division of Corporations	
SUBJECT: World to Wander, L (Name of Limited Lie	
The enclosed member, resignation or dissociation a	and fee(s) are submitted for filing.
Please return all correspondence concerning this m	atter to:
Ashley Whitehead (Contact Person)	
World to Wander, LLC (Firm/Company)	
8817 Chesterton Place (Address)	
Tampa, FL 33635 (City/State and Zip Code)	
For further information concerning this matter, ple	ase call:
Ashley Whitehead at ((Name of Contact Person) (A	83) 277-62T5 rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the E S2 S25 Filing Fee	Florida Department of State for: 55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)



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 i	t appears on the record	is of the Florida l	Department
of State is:	Vorld to Wander, LL	.C		
2. The Florida docu	ment/registration number ass	igned to this limited li	ability company	is:
19 oa	000 6339	<u></u> .		
3. The date this mer	mber/manager withdrew/resig	ned or will withdraw/	resign is: 10/3	1/2019
4. I. Daniell (Print No.	Me Reyes ame of Person Resigning)	, hereby withdraw	/resign as a	
<u> </u>	OMET. Print Title) Dility company and affirm the ting		2019 SECH FALLA	Car any
of this limited liab resignation in writ	oility company and affirm the ting.	limited liability comp	any has been not	ified of my
Signature of Dis	ssociating Member or Resigni	ing Manager	P # PI	m U
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			