1190000 15 103

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| (Addless) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Business Ellity Hallie) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| |
| Special Instructions to Filing Officer: |
| } |
| |
| |
| |
| † |
| |
| |
| |

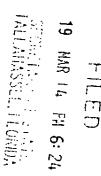
Office Use Only



300325986303

03/14/19--01012--013 +≠55.00

MAR 2 5 2019 S. YOUNG



COVER LETTER

| TO: Registration Section | |
|--|--|
| Division of Corporations | |
| SUBJECT: W.J. Land Manage (Name of Limited) | ement LLC |
| (Name of Limited | Clability Company) |
| The enclosed member, resignation or dissociation | on and fee(s) are submitted for filing. |
| Please return all correspondence concerning this | matter to: |
| William Marlow (Contact Person) | |
| (Contact Person) | |
| WI hand Hanagement LLC (Firm/Company) | |
| (Firm/Company) | |
| 10724 atex DR. (Address) | |
| (Address) | |
| Fountain FL 32438 (City/State and Zip Code) | |
| (City/State and Zip Code) | |
| For further information concerning this matter, p | please call: |
| William Marlow at | (850) 628-4714 |
| | (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to th ☐ \$25 Filing Fee | Florida Department of State for: \$55 Filing Fee & Certified Copy |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: |
| Registration Section | Registration Section |
| Division of Corporations Clifton Building | Division of Corporations P.O. Box 6327 |
| 2661 Executive Center Circle | Tallahassee Florida 32314 |

CR2E079 (2/14)

Tallahassee, Florida 32301



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)

| of State is: 10. | | Manager | nend | LLC | | |
|--------------------------------|-----------------------------|-------------------|-------------|-----------------|-----------------------|-----------------------|
| 2. The Florida docume | ent/registratio | | | | | · |
| | • | on number assig | gned to th | is limited liab | oility company is | : |
| L 190000, | | | <u></u> . | | - 1 1 | |
| 3. The date this memb | er/manager v | vithdrew/resign | ed or will | withdraw/re | esign is: <u>3///</u> | 1019 |
| 4. I, Bekald E. (Print Name | . MaRlon e of Person Res | j igning) | , hereb | y withdraw/re | esign as a | |
| <u>AMBR</u> | int Title) | · | | | | |
| of this limited liabilities | | and affirm the li | imited lial | bility compan | ny has been notifi | ed of my |
| Bull E | Malo | a/ | | | Z:S | 19 |
| Signature of Disso | ciating Mem | ber or Resignin | ig Manage | er | | MAS TI |
| Filing Fee: Certified Copy: | | | | | ASSEE, FLORE | FILED MAR 14 PM 6: |