## L19000127448

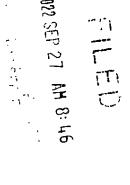
(Requestor's Name)			
(Address)			
(Addiess)			
(Address)			
(City/State/Zip/Phone #)			
(Only/State/Zip/) Holle #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



200394915742

resignation or dissociation or number) Manager





A. RAMSEY SEP 2 8 2022

## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312
(850) 656-4724

DATE <u>09/27/2022</u>	**WALK IN**	
ENTITY NAME Wizm	nan Group, LLC	
1-2 filing. Amendme	ent First. Resignation o	f manager second.
DOCUMENT NUMBER	R	
	**PLEASE FILE TH	HE ATTACHED AND RETURN**
xxxxxx	Plain Copy	
	Certified Copy	
	Certificate of Status	
	Certified Copy of Arts Certified Copy of Arts Certificate of Statas	EDLLOWING FOR THE ABOVE ENTITY**  & Amendments & Amendments Complete File (Including Annual Reports)  effecting:
	**APOSTILLE' / I	NOTARIAL CERTIFICATION**
COUNTRY OF DESTINA	ATION	
NUMBER OF CERTIFICA	ATES REQUESTED	
TOTAL OWED \$ 25		ACCOUNT # 120140000108  United Corporate Services, Inc.  Thank you so much!
Please call Tina at	the above number for a	any issues or concerns. Thank you so much!



2022 SEP 27 AM 8: 46

## 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)

	limited liability company as it appears on the records of the Florida Departmental AN GROUP LLC
2. The Florida docu L19000127448	ment/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
CEDDIC WIZM	
MANAGER/MEN	
	Print Title)
of this limited lial resignation in wri	tility company and affirm the limited liability company has been notified of my
Signature of Di	sociating Member or Resigning Manager
•	\$25.00 (Required) \$30.00 (Optional)