19000187755

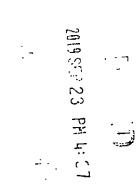
(Requestor's Name)
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COVER LETTER

Division of Corporations		
SUBJECT: WDVAN ENTERPRISES LL	.C	
	iited Liability C	ompany)
The enclosed member, resignation or dissoci	iation and fee	e(s) are submitted for filing.
Please return all correspondence concerning	this matter to) :
WILLIAM D VAN NETTA		
(Contact Person)		_
WDVAN ENTERPRISES LLC		
(Firm/Company)		_
2710 SW 26TH TERRACE		
(Address)		_
CAPE CORAL, FL 33914		
(City/State and Zip Code)		_
For further information concerning this matt	er, please cal	I:
WILLIAM D VAN NETTA	239	940-7965
(Name of Contact Person)	- \	de & Daytime Telephone Number)
Enclosed please find a check made payable t \$25 Filing Fee		Department of State for: ng Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section Division of Corporations		Registration Section Division of Corporations
Clifton Building		P.O. Box 6327
2661 Executive Center Circle		Tallahassee, Florida 32314
Tallahassee, Florida 32301		

CR2E079 (2/14)

TO: Registration Section



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)

	e limited liability company as	it appears on the records of t	the Florida	ı Depar	tment
2. The Florida doc L1900018775		ssigned to this limited liabilit	y company	y is:	
3. The date this me	ember/manager withdrew/res	igned or will withdraw/resigr	9/18/ n is:	2019	
4. I, JOYCE A VA	AN NETTA	, hereby withdraw/resig	n as a		
MEMBER	same oj verson kesigning)				
	(Print Title)				
resignation in wr	iting. Tu fu ttu	e limited liability company h	as been no	otified o	of my
Signature of D	issociating Member or Resig	ning Manager		2	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		: -	2019 ST 23	
				PH 4: 3	