

L19000 216589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

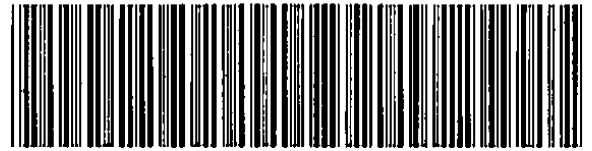
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/11/19--01012--005 **55.00

2019 SEP 11 AM 11:00

-CC
Resignation

SEP 21 2019

I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CW Wholesalers LLC.
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Ronald Kearns
(Contact Person)

CW Wholesalers LLC
(Firm/Company)

2730 Gilmore St.
(Address)

Jacksonville, FL 32205
(City/State and Zip Code)

For further information concerning this matter, please call:

Ronald Kearns at (904) 389-4535
(Name of Contact Person) (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

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



2019 SEP 11 AM 11:00

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: CW Wholesalers, LLC.
2. The Florida document/registration number assigned to this limited liability company is:
L19000216589
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9-6-19
4. I, Deborah A Rivers, hereby withdraw/resign as a
(Print Name of Person Resigning)
amBR
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Deborah A Rivers
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)