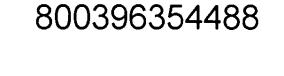
120000038018

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		:

Office Use Only





. 21., --: · · · - : : •• _ 2 . •• _ 2.00

COVER LETTER

TO:	Registration Section Division of Corporations		
	WAHR RE LLC		
SUBJ	IECT:		
		Limited Liability Con	npany)
The e	nclosed member, resignation or dis	sociation and fee(s	s) are submitted for filing.
Please	e return all correspondence concern	ning this matter to:	
	Bradley T Johnson		
	(Contact Person)		-
	Johnson Legal Services LL	('	
	(Firm/Company)		_
	P.O. Box 4501		
	(Address)		-
	Martinsville, VA 24115		
	(City/State and Zip Code)		-
For ft	orther information concerning this r	natter, please call:	
	Bradley T Johnson	at (276	₎ 336-6666
	(Name of Contact Person)	`	& Daytime Telephone Number)
Enclo	sed please find a check made payal	ble to the Florida D	Department of State for:
⊠ \$2	5 Filing Fee	□ \$55 Filing	g Fee & Certified Copy
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
			Tallahassee, FL 32303





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 Dep	partment
of State is: WAHI	R RE LLC	·
2. The Florida doct	ument/registration number assigned to this limited liability company is:	
1.20000038018		
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: August 31, 2	2022
4.]. Bradle		
(Print 8	iame of Person Resigning)	
Manag	ger	
,	(Print Title)	
of this limited lial resignation in wr	bility company and affirm the limited liability company has been notifie iting.	d of my
R	mp	
Signature of Di	issociating Member or Resigning Manager	
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	