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COVER LETTER

Division of Corporations	
SUBJECT: We are one Service (Name of Limited Liability Co	mpany)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:	
Kathy Harp (Contact Person)	_
We are One Scruites LLC (Firm/Company)	_
716 Sohio Ave (Address)	
Orlando F1 32805 (City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Contact Person) at (407 (Area Code	<u> </u>
Kathy Far at (H07 (Name of Contact Person) at (H07 (Area Code Enclosed please find a check made payable to the Florida I	Department of State for: g Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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)

1. The name of the lim	nited liability company as it appear	ars on the records of the	Florida Department
of State is: W6	2 air one ser	vices LLL	
2. The Florida docume	ent/registration number assigned	to this limited liability c	ompany is:
L2000	00.89566		
3. The date this memb	er/manager withdrew/resigned or	r will withdraw/resign is	: 7/6/20
4. I. Marcus L	of Person Resigning), h		
Title m	G12 nt Title)		
of this limited liabili- resignation in writin	ty company and affirm the limite	d liability company has	been notified of my
MCu	//		2020 JUL -9 SECRETARA
Signature of Disso	ciating Member or Resigning Ma	anager	-9 -9
Filing Fee: Certified Copy:			M 7:5