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COVER LETTER

Division of Corporations	
SUBJECT: Angles Wang (Name of Limited	ZOZJ Liability Company)
The enclosed member, resignation or dissociation	on and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
William M Frend (Contact Person)	
Anglery Way 2021 (Firm/Company)	
415 Spygless Aly (Address)	
Placeda FL 3394 (City/State and Zip Code)	<u>Č</u>
For further information concerning this matter, p	please call:
(Name of Contact Person) at	(941) 270 216 Z (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to th \$\alpha\$ \$\\$25 \text{Filing Fee}	e Florida Department of State for: \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314

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	limited liability comp	nanv ac ii	anneara on	the records	of the Classide	D	
						Depar	tment
of State is:	Anglers h	Jay	2021				<u> </u>
2. The Florida doc	ument/registration nur	nber assi	gned to this	s limited liabi	lity company	is:	
12100	0143344		·				
3. The date this me	mber/manager withdr	ew/resig	ned or will	withdraw/res	ign is: <i>& / .</i>	15/Z	<u>J</u>
4. I, Uillia ~ (Print N	m French Jame of Person Resigning)		, hereby	withdraw/res	ign as a		٠
T, 4/2	MG (Print Title)	<u> </u> .					
	oility company and af	firm the l	imited liab	lity company	has been not	ified o	f my
William	m XX						
Signature of Di	ssociating Member or	Resignir	ng Manager	<u> </u>	TĂ.	202	
Filing Fee: Certified Copy:					LAHASSEE, FL	2023 JUN 20 AM 8: 1	FILED
					IATI ORIC		