00389540

(Requestor's Name)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
, , , , , , , , , , , , , , , , , , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
, , ,
(Deaving and Niverban)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
epecial visitations to vising emeci.

Office Use Only



500410046935

88,488,20-401918 -819 (4495,89

2023 JUN -8 PM 2: 21

COVER LETTER

WG Investment Holdings, LLC SUBJECT:_ Name of Limited Liability Company DOCUMENT NUMBER: L21000389540 The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Justin Munizzi Name of Person The Munizzi law Firm Name of Firm/Company 101 N. Woodland Blvd., Suite # 601 Address DeLand, FL 32720 City/State and Zip Code legal@munizzilaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sonja Wiles Name of Person

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.01	15. Florida Statutes, the under	signed.		
The Munizzi Law Firm , hereby resigns as				
Name of Registered A	gent	, 0		
Registered Agent for WG INVESTMENT H	OLDINGS, LLC			
WG INVESTMENT HOLDINGS, LLC			•	
Name of L	imited Liability Company	-		
L21000389540				
Document Number, if known				
A copy of this resignation was mailed to the	e above listed limited liability of	company at its last known a	iddress.	
The agency is terminated and the office disc	continued on the 31st day after	the date on which this state	ement is	filed.
If signing on behalf of an entity: Justin Munizzi	Signature of Resigning Agent	TALLAH	2023 JUN	7
	Typed or Printed Name	—— ASS	. 1	
Attorney, Managin	4.1	E C	· ~	<u> </u>
	Capacity		PH	
		ORIDA	2: 21	
FILING \$ 85.00 \$ 25.00		d/ voluntarily dissolved/		

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314