

W21 0000405307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

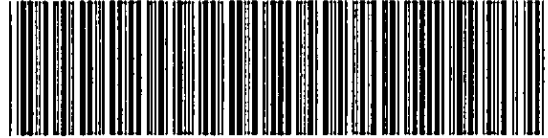
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200387023512

05/20/22--01023--007 **100.00

2022 MAY 20 AM 2:31

JUL 28 2022

M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Daniel Wise LLC
Name of Limited Liability Company

The enclosed Statement of Revocation of Dissolution for Florida Limited Liability Company and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Daniel Wise
Contact Person

Daniel Wise LLC
Firm/Company

1367 W WHY 98 Unit E
Address

Mary Esther, FL 32569
City, State and Zip Code

wisedaniel@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Wise at (850) 710-0848
Name of Contact Person Area Code Daytime Telephone Number

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

2022 MAY 20 AM 2:31

**STATEMENT OF REVOCATION OF DISSOLUTION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

Pursuant to section 605.0708, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution.

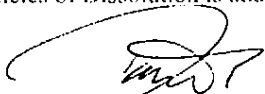
1. The name of the company is: Daniel Wise LLC

2. The document number of the company is L21000405307

3. The effective date the Dissolution was filed is 05/04/2022

4. The revocation of dissolution was authorized on Not recived

5. A copy of the Articles of Dissolution is attached.



Signature of person authorized to submit the revocation of dissolution

Filing Fee: \$100.00
Certified Copy: \$30.00 (optional)

2022 MAY 20 11 28 31
FILED

121000068018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

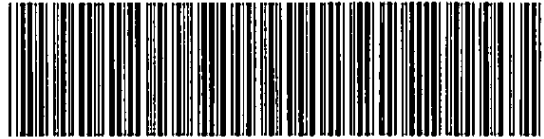
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2022 MAY 20 PM 2:31

JUL 23 2022

M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The WWCD INTERNATIONAL LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jhanese Hoosain
Name of Person

ZenBusiness Inc.
Firm/Company

336 E. College Ave. Suite 301
Address

Tallahassee FL 32301
City/State and Zip Code

fulfillment@zenFL.business.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jhanese Hoosain at (844) 493-6249
Name of Person Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$55 Filing Fee & Certified Copy

2592 MAY 20 PM 2:31

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: The WWCD INTERNATIONAL LLC

2. (a) 2 GWYN AVE Principal office address of limited liability company:
 (Note: **MUST BE STREET ADDRESS**)

(b) 2 GWYN AVE Mailing address of limited liability company:
 (Note: **MAY BE POST OFFICE BOX**)

NORTH BRUNSWICK, NJ 08902

NORTH BRUNSWICK, NJ 08902

3. 02/09/2021 Date of filing/registration in Florida

4. 1.21000068018 Document number

5. (a) ZenBusiness Inc
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
ZenBusiness Inc, 336 E. College Ave, Suite 301

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**
Tallahassee, FL 32301

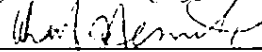
(b) ZenBusiness Inc.
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
336 E. College Ave.
NEW Registered Office Address:
Suite 301
Tallahassee, FL 32301

2022 MAY 20 PM 2:31
 TALLAHASSEE, FL
 STATE OF FLORIDA
 DIVISION OF CORPORATIONS

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/ Andrew Opoku Andrew Opoku, Member
 Signature of a member or authorized representative of a member Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


 Signature of Registered Agent