

172 000 109 732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

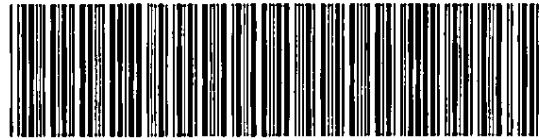
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 APR 29 PM 2:13
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

JUN 22 2022
S. PRATHEI

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wolf Moving and Storage LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Omar AlShabani
(Contact Person)

Wolf Moving and Storage
(Firm/Company)

18019 Malakai Isle Dr
(Address)

Tampa, FL 33647
(City/State and Zip Code)

For further information concerning this matter, please call:

Omar AlShabani at (813) 368 2624
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing 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



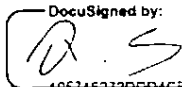
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**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 Department of State is: wolf moving and storage llc.
2. The Florida document/registration number assigned to this limited liability company is:
88-1013292.
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 04/19/22
4. I, Qais shtaiwi, hereby withdraw/resign as a
(Print Name of Person Resigning)
Manager
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

DocuSigned by:

196716272D5D4CE...

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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TALLAHASSEE, FLORIDA