

K22000158299

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

(Document Number)

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2022 OCT 19 PM 3:39

RA Resignation

OCT 12 2022

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

WWRAACA MANAGEMENT LLC

SUBJECT: _____
Name of Limited Liability Company
1.22000158299

DOCUMENT NUMBER: _____

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:

DANIEL C. PERRI

Name of Person
PERRI & JENNINGS PLLC

Name of Firm/Company
4 ELEVENTH AVENUE, SUITE ONE

Address
SHALIMAR, FL 32579

City/State and Zip Code
dperri@perrijennings.law

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIEL C. PERRI 850 651-3011

Name of Person at () _____
Area Code Daytime Telephone Number

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

RECEIVED

2022 SEP 19 PM 12:08

TALLAHASSEE, FL

August 12, 2022

DANIEL C PERRI
PERRI & JENNINGS PLLC
4 ELEVENTH AVEUE, SUITE ONE
SHALIMAR, FL 32579

SUBJECT: WWRAACA MANAGEMENT, LLC
Ref. Number: L22000158299

We have received your document for WWRAACA MANAGEMENT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee for filing a registered agent's statement of resignation from an active limited liability company is \$85. Therefore, there is a balance due of \$60.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 022A00018008

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

DANIEL C. PERRI

, hereby resigns as

Name of Registered Agent

WWRAACA MANAGEMENT LLC

Registered Agent for

Name of Limited Liability Company

122000158299

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

DANIEL C. PERRI

Typed or Printed Name

LEGAL REPRESENTATIVE

Capacity

20200119 PM 6:09

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

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