# L22000158299

(Requestor's Name)
(Address)
(Address)
(
(City/State/Zip/Phone #)
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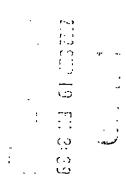




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05/27/22--01007--004 \*\*25.00

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#### **COVER LETTER**

**TO:** Registration Section Division of Corporations

WWRAACA MANAGEMENT LLC.					
SUBJECT: Name of I	imited Liabi	lity Company			
DOCUMENT NUMBER:					
The enclosed Resignation of Registered Ager for filing.	nt for a Lim	ited Liability Comp	any and fee ar	re subi	nitted
Please return all correspondence concerning to DANIELC. PERRI	this matter t	o the following:			
Name of Person		<del></del>			
PERRI & JENNINGS PLLC					
Name of Firm/Company		<del>_</del>			
4 ELEVENTH AVENUE, SUITE ONE					
Address	<u> </u>				
SHALIMAR, FL 32579			•	2::	
City/State and Zip Code	<u> </u>	<del></del>		, , ,	٠,
dperri@perrijennings.law				<u>.</u>	
E-mail address: (to be used for future annual rep	ort notificatio	n)		777	
For further information concerning this matte	er, please ca	11:		c.)	تحديدان
DANIEL C. PERRI	850	651-3011		(.) (.)	
Name of Person	at (	ode Daytime Teleph	one Number	•	
rame or retson	, ii cii c	see trajume reichu			

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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



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2022 SEP 19 PH 12: 08

FLORIDA DEPARTMENT OF STATE SE

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 provis DANIEL C. PERRI	sions of section 605.0115, Florida Statutes, the undersign		
Name of Registered Agent, hereby resigns as			
	WWRAACA MANAGEMENT LLC		
	Name of Limited Liability Company	<del></del>	
1.22000158299			
Document	Number, if known		
A copy of this resigna	ation was mailed to the above listed limited liability com	pany at its last known address.	
The agency is termina	ated and the office discontinued on the 31st day after the	date on which this statement is filed.	
	Toll Peni		
	Signature of Resigning Agent		
If signing on behalf o	fan entity:	f 3 f=3	
ir argining on ocium o	DANIEL C. PERRI	$\Theta$	
	DANIELA, LURKI		
	Typed or Printed Name	<u> </u>	
	LEGAL REPRESENTATIVE	- <b>-</b>	
	Capacity		
	Сараспу	, Ço José	
		, C)	

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