

L22000220854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

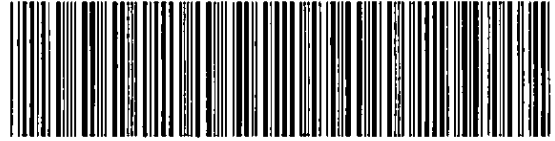
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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dissociation or
resignation of
manager/member

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2024 OCT 1 PM 12 13
CLERK OF SUPERIOR COURT
OF CALIFORNIA, COUNTY OF

FILED

A. RAMSEY

OCT 14 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WA HOUSE SOLUTIONS 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:

RUTH E MARTE

(Contact Person)

CAPITAL TAX & FILING SOLUTIONS LLC

(Firm/Company)

375 N STATE RD 434 STE 2208

(Address)

ALTAMONTE SPRINGS, FL 32714

(City/State and Zip Code)

For further information concerning this matter, please call:

RUTH MARTE

(Name of Contact Person)

at (863) 599-9894

(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



FILED

2024 OCT -1 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: WA HOUSE SOLUTIONS LLC

2. The Florida document/registration number assigned to this limited liability company is:
L22000220854

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 09/19/2024

4. I, AMBERTH DAAL, hereby withdraw/resign as a
(Print Name of Person Resigning)

MGR

(Print Title)

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

AmbertH Daal

Signature of Dissociating Member or Resigning Manager

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