

h22000230152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

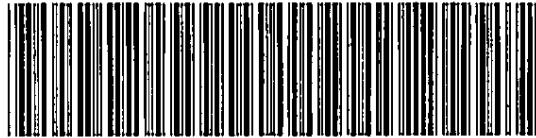
(Document Number)

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SEATTLE
TALLAHASSEE, FL

2022 AUG 29 PM 4:19

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WMAA 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:

Wagih Girgis
(Contact Person)

WMAA LLC
(Firm/Company)

165 Bluffviewdr
(Address)

Belleair Bluffs FL 33770
(City/State and Zip Code)

For further information concerning this matter, please call:

Wagih Girgis at (201) 424 1195
(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

August 22, 2022

WAGIH GIRGIS
165 BLUFF VIEW DR
BELLEAIR BLUFFS, FL 33770

SUBJECT: WMAA LLC
Ref. Number: L22000230152

RECEIVED
DIVISION OF CORPORATIONS
AUG 23 2022

2022 AUG 29 PM 1:19

We have received your document for WMAA LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 422A00018626



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

2022 AUG 29 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FL

**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: WMAA LLC

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

L22000230152

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 5/17/22

4. I, Monika Girgis, 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.

[Signature]
Signature of Dissociating Member or Resigning Manager

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