

L22000471713

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

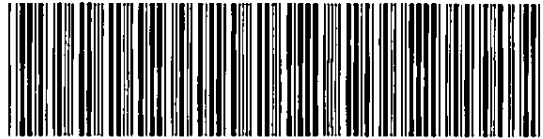
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2023 AUG 24 AM 9:56  
FALL RIVER, MA

*[Handwritten signature]*



2023 AUG 24 AM 9:58

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: W + A HOLDINGS FLORIDA, LLC.

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

L22000471713

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 24TH JULY, 2023

4. I, WASEEM - AHMAD - ANSARI, hereby withdraw/resign as a  
(Print Name of Person Resigning)

PARTNER / OWNER  
(Print Title)

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

\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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

**COVER LETTER**

2023 AUG 24 AM 9:56

**TO:** Registration Section  
Division of Corporations

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

**SUBJECT:** W4 A HOLDINGS FLORIDA, 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:

WASEEM - A - ANSARI  
(Contact Person)

(Firm/Company)

8121 OAK PARK ROAD  
(Address)

ORLANDO, FLORIDA 32819  
(City/State and Zip Code)

For further information concerning this matter, please call:

WASEEM ANSARI at ( 321 ) 303-7725  
(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