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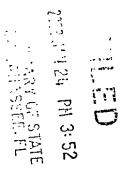
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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R. HUNT 0//24/23



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 compa	ny as it appears on the recor	ds of the Florida Department
of State is:	WEPAAA	LLC	·
2. The Florida docu	iment/registration num	ber assigned to this limited l	iability company is:
12200	0478264	·	
3. The date this me	mber/manager withdre	w/resigned or will withdraw/	resign is: <u>/2/01/2022</u>
4.1, DAVID	CHAU 7/4 ' ame of Person Resigning)	, hereby withdraw	/resign as a
111	_		
of this limited lial resignation in wr	- • •	rm the limited liability comp	pany has been notified of my
Davi	1 R. CHA	eA.	
Signature of Di	ssociating Member or I	Resigning Manager	(%) (%) (%) (%)
	\$25.00 (Required) \$30.00 (Optional)		CARY OF ST
			$\frac{\omega}{\omega}$

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: WEPAAA (LC (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:
Linda Sara Cadavid (Contact Person)
WEPAAA LLC (Firm/Company)
(Firm/Company) 230 NE S4th St, Apt 3 (Address) MIAMI FL 33137
MiAMi FL 33137 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (9/7) 324 55 04 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sum \\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$

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