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JANUARY 1, 2025

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wolfe's World 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:

Jerry Wolfe
(Contact Person)

Wolfe's World
(Firm/Company)

11360 NE 51ST CT
(Address)

OKEECHOBEE, FL 34972
(City/State and Zip Code)

For further information concerning this matter, please call:

JERRY WOLFE at (561) 262-5741
(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

**NOTICE OF DISSOCIATING OR RESIGN OF MEMBER AND MANAGER
FROM FLORIDA LIMITED LIABILITY COMPANY**

TO: WOLFE'S WORLD LLC
11360 NE 51ST CT
OKEECHOBEE, FL 34972 US

DATED: 07/21/2024

I, THOMAS LASKE, am dissociating or resigning myself as a member and manager of WOLFE'S WORLD LLC (FEI Number: 92-2019448) effective as of the above date, pursuant to Florida Statute 605.0216. I am giving my 50% share in WOLFE'S WORLD LLC to JEROLD WOLFE, making him the sole owner of WOLFE'S WORLD LLC.



THOMAS LASKE

FORMER MANAGER OF WOLFE'S WORLD
LLC

WOLFE'S WORLD LLC
11360 NE 51ST CT
OKEECHOBEE, FL 34972 US