

L23 000263624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

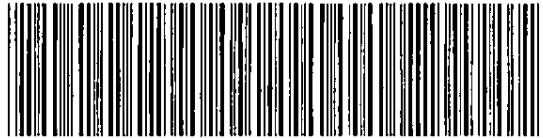
(Document Number)

Certified Copies _____ Certificates of Status _____

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8-14

Office Use Only



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07/17/23--01019--016 **85.00

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2023 SEP -8 AM 8:23
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Savage Wolf 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:

Jamie Wolf
(Contact Person)

Savage Wolf, LLC
(Firm/Company)

9281 Rutledge Ave
(Address)

Boca Raton FL 33434
(City/State and Zip Code)

For further information concerning this matter, please call:

Jamie Wolf at (561) 419-3250
(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

*already
\$85 paid*

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 16, 2023

JAMIE WOLF
9281 RUTLEDGE AVE
BOCA RATON, FL 3344

SUBJECT: SAVAGE WOLF LLC
Ref. Number: L23000263624

We have received your document for SAVAGE WOLF LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Maxine Savage is not listed as the current Registered Agent. If she is resigning as the Manager I have enclosed the Dissociation or Resignation form.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 123A00018899



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: Savage Waf, LLC

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

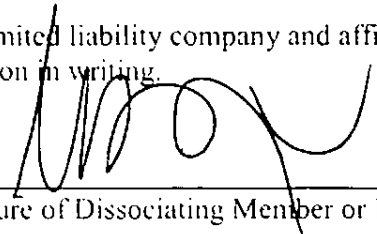
L2300263624

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9.16.23

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

member, mgr.
(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)

prepaid \$85

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023 SEP -8 AM 8:23

FILED