## L24000074368

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
|   |

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE FI OBJE



## **COVER LETTER**

| Division of Corporations  |  |  |
|---|--|--|
| SUBJECT: Wived In Networking, 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:   |  |  |
| Dale Willis (Contact Person)  |  |  |
|   |  |  |
| (Firm/Company)  |  |  |
| 55 Westlec lane   |  |  |
| Palm Coast Fl 32164  (City/State and Zip Code)  |  |  |
| For further information concerning this matter, please call:  |  |  |
| Name of Contact Person)  at (386), 931-0056  (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:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee |  |  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314





## 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 liab                        | lity company as it appears on the records of the Florida Department |
|--|---|
| of State is: Wived I                                   | h Networking, LLC   |
| 2. The Florida document/registe                        | ration number assigned to this limited liability company is:        |
| L24999   | 74368   |
| 3. The date this member/manage                         | ger withdrew/resigned or will withdraw/resign is: 7/1/24            |
| 4. I. JOSEPH 1906 (Print Name of Person                | hereby withdraw/resign as a   |
| MGR<br>(Prim Tide)                                     | ————————————————————————————————————                                |
| of this limited liability comparesignation in writing. | ny and affirm the limited liability company has been notified of my |
| _losephiné   | Morea   |
| Signature of Dissociating M                            | lember or Resigning Manager   |
| Filing Fee: \$25.00 (1                                 | Required)   |
| Certified Copy: \$30.00 (0                             | Optional)   |