

L24 000 100 635

\_\_\_\_\_  
(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



400440710624

12/10/24--01021--011 \*\*25.00

FILED  
2024 DEC 10 PM 3:44  
SINGAPORE  
TALLAHASSEE

JAN 28 2025  
D CUSHING

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WLNS 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:

YOUSSEF MOTII  
\_\_\_\_\_  
(Contact Person)

WLNS LLC  
\_\_\_\_\_  
(Firm Company)

229 NW 15TH STREET  
\_\_\_\_\_  
(Address)

BOCA RATON, FL 33432  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

YOUSSEF MOTII 561 543-2236  
\_\_\_\_\_  
(Name of Contact Person) at ( ) (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

FILED  
2024 DEC 10 PM 3:44  
TALLAHASSEE, FLORIDA  
CLERK OF THE COURT



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: WLNS LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L24000100635

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 7/1/2024

4. I, YOUSSEF MOTII, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

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)

FILED  
2024 DEC 10 PM 3:44  
TALLAHASSEE, FLORIDA