L24 000 135 195

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

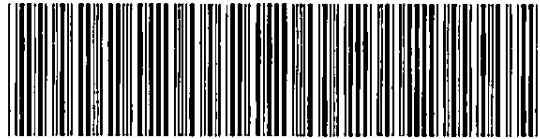☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
JUL 23 2024

Office Use Only

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WE PICK UP, 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:

BRITTNEY N WILSON
_____

(Contact Person)

_____

(Firm/Company)

P.O.BOX 2222
_____

(Address)

WEST PALM BEACH FL 33042
_____

(City/State and Zip Code)

For further information concerning this matter, please call:

BRITTNEY N WILSON   561   260-4424
_____ at (_____) _____
(Name of Contact Person)   (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

■ S25 Filing Fee   ☐ S55 Filing Fee & Certified Copy

Mailing Address: **Street Address:**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
P.O. Box 6327   The Centre of Tallahassee
Tallahassee, FL 32314   2415 N. Monroe Street, Suite 810
                                    Tallahassee, FL 32303

CR2E079 (2/14)

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: WE PICK UP, LLC _____.

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

L24000135195
_____.

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 05/03/2024 _____

4. I, TOITEEKA WILSON _____, hereby withdraw/resign as a

(Print Name of Person Resigning)

AUTHORIZED MEMBER
_____.

(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)

CR2E079 (2/14)