

L99000007467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

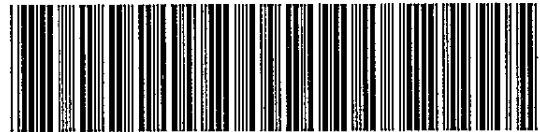
(Document Number)

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300061320933

CA Resign  
T. Lewis

11/10/05--01039--014 \*\*85.00

FILED  
05 NOV 10 PM 12:18  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304

**RESIGNATION OF REGISTERED AGENT FOR A LIMITED  
LIABILITY COMPANY**

FILED  
05 NOV 10 PM 12:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,  
Corporation Company of Miami ("CCOM"), hereby resigns as  
(Name of Registered Agent)

Registered Agent for WNC FLORIDA, LLC

(Name of Limited Liability Company)

L990000007467

(Document Number, if known)

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
(Signature of Resigning Agent)

If signing on behalf of an entity:

Felicia Hickey

(Typed or Printed Name)

Asst. Secretary of CCOM

(Capacity)

**FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/voluntarily dissolved/  
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314