M08000004566

(Requestor's	Name)			
(Address)				
(Address)				
(City/State/Z	p/Phone #)			
PICK-UP W	/AIT MAIL			
(Business Er	ntity Name)			
(Document Number)				
Certified Copies Ce	rtificates of Status			
Special Instructions to Filing Officer				





100415886651

09/19/23--01029--014 **25.00





COVER LETTER

TO: Registration Division of	section Corporations		
	ce Group LLC		
SUBJECT:	(Name of For	reign Limited Liability	Company)
Dear Sir or Madam:			
The enclosed withdra	awal and fee(s) are submitte	d for filing.	
Please return all corr	espondence concerning this	matter to the followin	g:
Autumn Glasgow			
	(Name of Person)	<u>.</u>	_
WSource Capital Gr	oup Inc.		
	(Firm/Company)		_
2282 Killearn Cente	r Blvd		
	(Address)		_
Tallahassee. FL 323	09		
	(City/State and Zip Cod	e)	-
For further informati	on concerning this matter, p	olease call:	
Autumn Glasgow		888 at (597-6872
(Na	ame of Person)		& Daytime Telephone Number)
Division of P.O. Box	on Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check	for the following amount:		
■\$ 25 Filing Fee	S30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

WSource Group LLC		
	(Name of limited liability company)	
Delaware		
	(Jurisdiction of its organization)	
10/10/2008		
	Date registered with Florida Department of State)
M08000004566		
	(Florida Document Number)	
This limited liability compa	my is withdrawing its certificate of authority	y in this state.
(If an effective date is listed more than 90 days after filin Note: If the date inserted in	the date of filing: 9/15/2023 If, the date must be specific and cannot be program. It this block does not meet the applicable states the document's effective date on the Depa (Signature of authorized representative)	utory filing requirements,
Autumn Glasg	ow - WSource Capital Group Inc.	202
	(Typed or printed name of signee)	トILLED 2023 SEP 19 PH 3: 32

Filing Fee: \$25.00



TRANSMITTAL COVER SHEET

TO:	Registration Section	PHONE:				
	Division of Corporations					
	PO Box 6327	EMAIL:				
	Tallahassee, FL 32314					
FROM:	Autumn Glasgow	PHONE:	888.597.6872			
COMPANY:	WSource Group LLC	EMAIL:	aglasgow@wsourcegr	oup.com		
RE:	Notice of Withdrawal of Certificate	of Authority				
DATE:	15 September 2023	SENT VIA:	USPS Certified Mail			
We Are Sending Y	On:					
We Alle Senoind						
X Request	Mark-Up		Draft	Calculation		
Letter/Mem	o Report		Plan/Drawing	Work Plan		
X Payment						
AS INDICATED BELO	w:					
For Your Us	e For Comment		For Approval	X Other:		
COMMENTS:			· · ·			
Enclosed:						
Notice of Withdrawal of Certificate of Authority						
Division of Corporations Cover Letter Filing Fee - Check #1969						
rilling ree - Chec	K * 1 303					
If you have any questions, please contact Autumn Glasgow at 888.597.6872.						
anusins						
CONFIDENTIALITY NOTICE. This Transmittal and any accompanying documents may contain confidential and privileged						

information and are sent for the sole use of the intended recipient. If you are not the intended recipient, please contact the

sender by email and destroy all copies of this message and any attachments. Thank you.