M13000005049

((Requestor's Name)
	(Address)
((Address)
((City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
,	Dusiness Clinty Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

Office Use Only



500412853835

29 AUG -1 PH 1:

PRINCE OF IVED

CORPORATION SERVICE COMPANY 1201 Hays Street

CERTIFIED COPY
PLAIN STAMPED COPY

_____ CERTIFICATE OF GOOD STANDING

Tallhassee, FL 32301 Phone: 850-558-1500

Phone: 850-558-1500					
ACCOUNT NO. : I2000000195					
REFERENCE : 886873 8323810					
AUTHORIZATION: Cypicalle man					
COST LIMIT : \$ 85.00					
ORDER DATE : July 20, 2023					
ORDER TIME : 1:56 PM					
ORDER NO. : 886873-075					
CUSTOMER NO: 8323810					
Charge of agent					
NAME: WDFG JV HOLDINGS LLC					
XX rugration					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					

CONTACT PERSON: Eyliena Baker-EXT#

EXAMINER'S INITIALS: ______

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: WDFG JV Holdings LLC	Limited Liabilit	w Company
	Liinteu Mabini	у Сопрану
DOCUMENT NUMBER: M13000005049		
The enclosed Resignation of Registered Age for filing.	nt for a Limite	d Liability Company and fee are submitted
Please return all correspondence concerning	this matter to	the following:
RESIGNATIONS DEPARTMENT		
Name of Person		_
CORPORATION SERVICE COMPANY		
Name of Firm/Company	· · · · · · · · · · · · · · · · · · ·	_
251 LITTLE FALLS DRIVE		
Address	-	_
WILMINGTON, DE 19808		
City/State and Zip Code		_
ANNUALREPORTS@CSCGLOBAL.COM		
E-mail address: (to be used for future annual rep	port notification)	_
For further information concerning this matte	er, please call:	
RESIGNATION DEPT	800 at (927-9801 _) Daytime Telephone Number
Name of Person	Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Flor liability company or \$25.00 for an administra limited liability company	rida Departmei atively dissolv	nt of State for \$85.00 for an active limited ed, voluntarily dissolved or withdrawn

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115. Florida Statutes,	the undersigned,	,
CORPORATION SERV	ICE COMPANY	, hereby resigns as	
	Name of Registered Agent	, , nortes, , saigne as	
Registered Agent for	WDFG JV Holdings LLC		
	Name of Limited Liability Compan		
M13000005049			
Document S	Sumber, if known		
_		ng Agent	filed.
If signing on behalf of	an entity:	DR3	•
	BY EYLIENA BAKER	AUG -1 1	T1
	Typed or Printed Name	ASS.	1
	VICE PRESIDENT	867 EC: ¬0	T
	Capacity	2029 AUG -1 PM 1: 32 TÄLLAHASSEE. FLORIDA	

\$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