## M17000009997

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

Office Use Only



800365521098

8: 1,6

O SIMMONS MAY 1 0 2021

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 798608 AUTHORIZATION : COST LIMIT : \$ 25.00 ORDER DATE: May 7, 2021 ORDER TIME : 10:52 AM ORDER NO. : 798608-010 CUSTOMER NO: 5160045 FOREIGN FILINGS NAME: WP PAYROLL MANAGEMENT, LLC \_\_ CORPORATE \_ LIMITED PARTNERSHIP XXX LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_ CERTIFIED COPY XX \_\_\_ PLAIN STAMPED COPY \_\_\_ CERTIFICATE OF STATUS

EXAMINER:

CONTACT PERSON: Alexxis Weiland - EXT#

## **COVER LETTER**

		n Section Corporations		
SUBJECT:		AYROLL MANAGEMEN	T, LLC	
	`	(Name of Fo	reign Limited Liability	y Company)
Dear Sir or	Madam:			
The enclose	ed withdr	awal and fee(s) are submitt	ed for filing.	
Please retur	m all con	respondence concerning this	s matter to the following	ng:
Julia Goko	cekian			
		(Name of Person)		_
Wolfgang	Puck W	orldwide		
		(Firm/Company)		_
955 Kelly	Johnsor	Drive		
		(Address)		_
Las Vegas	s, NV 89	119		
-		(City/State and Zip Coo	le)	_
For further i	infor <b>mat</b> i	on concerning this matter, p	olease call:	
Julia Goko	ækian		702 at {	<b>463-6051</b>
	(N	ame of Person)	(Area Code &	& Daytime Telephone Number)
Re Di P.0	vision o 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 Filin	g Fee	Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

2321 HAY -7 AH 8: 46

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

WP PAYROLL MANAGEMENT, LLC
(Name of limited liability company)
Nevada
(Jurisdiction of its organization)
11/28/2017
(Date registered with Florida Department of State)
M17000009997
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.  Effective Date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.  (Signature of authorized representative)
Julia Gokcekian
(Typed or printed name of signee)

Filing Fee: \$25.00