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DATE:

10/30/18

NAME:

W.H.J., CT LLC

TYPE OF FILING: RESOLUTION TO WITHDRAW ALTERNATIVE NAME

COST:

55.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE (Ship)

## COVER LETTER

TO: Registration Section Division of Corporations			· . ·
SUBJECT: W.H.J., C	P LLC (Name of Limited I	Liability Company)	
DOCUMENT NUMBER: M18	000008265		
The enclosed Resolution of the me name for use in Florida and fee ar	mbers, managers, or e submitted for filing	other authorized per	sons to Withdraw the Alternate
Please return all correspondence co			·
Franklin G. Pilicy (Name of Contact)	Person)	· 	
Pilicy & Ryan, P.C. (Firm/Compa	any)	<u>.                                    </u>	•
365 Main Street (Address	)	<del></del>	·
Watertown, CT 06795 (City/State and Z	(ip Code)		
For further information concerning		all:	
Franklin G. Pilicy (Name of Contact Person)	at ( <u>860</u> (Area 0	) 274-0018 Code) (Daytime Teleph	one Number)
Enclosed is a check made payable	to the Florida Depart	tment of State for the i	following amount:
S25.00 Filing Fee S30.00 Filing Fee Cordificate of S	Ce	555.00 Filing Fee & criffed Copy dditumal copy is enclosed)	Certificate of Status & Certificate Copy (Additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Clifton B 2661 Exe	on Section of Corporations	·

CR2E128 (2/14)

## RESOLUTION TO WITHDRAW ALTERNATE NAME IN THE STATE OF FLORIDA PURSUANT TO 605.0906 (1), FLORIDA STATUTES

I, the undersigned, do hereby certify that I am the Author	ized Person of			
W.H.J., LLC	a limited liability			
(Name of Limited Liability Company	)			
company duly organized and existing under the laws of	Connect i cut (State or Country of Organization)			
Because the name of this foreign limited liability company Plorida Statutes, the limited liability company hereby renalternate name in the state of Florida:	by now satisfies the requirements of s. 605.0112, sounces the following			
W.H.J., CT LLC				
(Alternate Name Renounced in State of Plorida)				
le Done	Oct 30,2018			
Signature of Authorized Person William H. Joyce	Date			

Make check payable to Florida Department of State and mail to:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahnssee, FL 32314

CR2E128 (2/14)

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