M19000009458

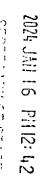
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COVER LETTER

TO: Registration Section

Division of Corporations				
SUBJECT: W	GR HOME SOL (Name of For	UTIONS, LU	Company)	
Dear Sir or Madam:				
The enclosed withdr	awal and fee(s) are submitte	d for filing.		
Please return all corr	espondence concerning this	matter to the followin	g:	
Сн	ARLES J. WHI	TE	_	
W60	(Firm/Company)	rions, uc	_	
	O7 MACAQUA :		DO	
PA	AS CALOULA M (City/State and Zip Cod	5 39567	_	
	(City/State and Zip Cod	e)		
For further informati	on concerning this matter, p	lease call:		
<u>CHARLES</u>	JEH WHITE	at (214 (Area Code 6) <u>924-3872</u> & 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	☐ \$30 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

WGQ HOME SOLUTIONS LLC (Name of limited liability company)	
(Name of limited liability company)	
DELAWARE (Jurisdiction of its organization)	
(Date registered with Florida Department of State)	 .
(Date registered with Florida Department of State)	
M1900009458	
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in this state	te.
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 more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory filing this date will not be listed as the document's effective date on the Department of S	g requirements.
(Signature of authorized representative) Chavles Juhite (Typed or printed name of signee)	FILED 2024 JAH 16 PH12: 47 SECRETARY (FSTATE

Filing Fee: \$25.00