

M2000005903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

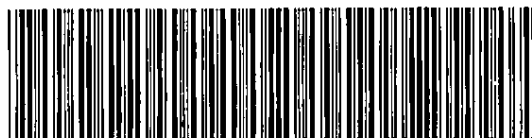
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2020 SEP 24 PM 12:50

DEPARTMENT OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2020 SEP 24 PM 11:01

C. GOLDEN

SEP 25 2020



**COGENCYGLOBAL**

115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
866.625.0838  
COGENCYGLOBAL.COM

Date: **September 24, 2020**

Account#: 120000000088

Name: **David Shulman**

Reference #: **1268866**

Entity Name: **WLN ZEPHYRHILLS, LLC**

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☒ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

*File  
First*

**ISSUES? CALL**

**David:**

**850-270-0082**

Authorized Amount: **\$25.00**

Signature: 

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

WLN ZEPHYRHILLS, LLC

(Name of limited liability company)

GA

(Jurisdiction of its organization)

7/6/2020

(Date registered with Florida Department of State)

M20000005903

(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: \_\_\_\_\_ (optional)  
(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.

Zachary C. Shipps

(Signature of authorized representative)

Zachary C. Shipps

(Typed or printed name of signee)

Filing Fee: \$25.00