

M22 000000 5232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

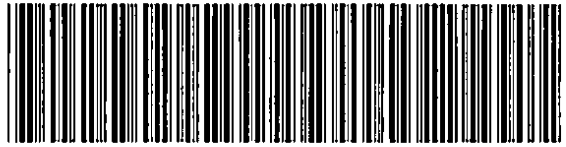
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Tallahassee, FL 32312

Date: 06/27/2023

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Name:	W-G-W Legacy GP IX, L.L.C.
Document #:	
Order #:	15008405

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Thank you!

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

W-G-W LEGACYGP IX, L.L.C.

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

4-6-2022

(Date registered with Florida Department of State)

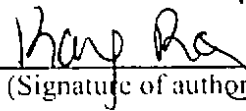
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(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: _____ (optional)
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(Signature of authorized representative)

Karla J. Ramirez, Authorized Person

(Typed or printed name of signee)

Filing Fee: \$25.00

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