

G95321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

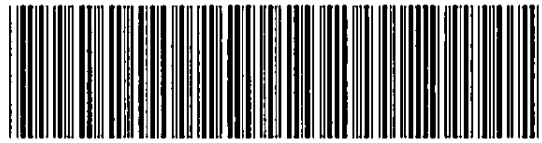
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800427010138

04/03/24--01024--001 \*\*195.00

2024 APR -3 PM 12:53  
STATE OF FLORIDA  
TALLAHASSEE, FL  
RECEIVED

RECEIVED  
04/03/24



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**Section 607.1403, Florida Statutes, provides for the dissolution of a corporation that has issued shares.**

The document must be typed or printed and must be legible.

Pursuant to section 607.0123, Florida Statutes, a delayed effective date may be specified but may not be later than the 90<sup>th</sup> day after the date on which the document is filed.

**NOTE:** A **Notice of Corporate Dissolution** form is attached. This notice pursuant to s. 607.1407, F.S. is optional and is not required when filing a dissolution. No additional fee is required if it is included.

**FEES:**

Articles of Dissolution	\$ 35.00 (Includes a letter of acknowledgment)
Certified Copy (optional)	\$ 8.75
Certificate of Status (optional)	\$ 8.75

Send one check in the total amount made payable to the Florida Department of State.

Please include a letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

For further information, you may contact the Amendment Section at (850) 245-6050.

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Weller Constructors, Inc.

**DOCUMENT NUMBER:** G95321

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Bower  
 \_\_\_\_\_  
 (Name of Contact Person)

Weller Pools LLC  
 \_\_\_\_\_  
 (Firm/Company)

1821 S. Orange Blossom Trail  
 \_\_\_\_\_  
 (Address)

Apopka, FL 32703  
 \_\_\_\_\_  
 (City/State and Zip Code)

2011-03-12 PM 12:53  
 STATE OF FLORIDA  
 TALLAHASSEE, FL  
 300

For further information concerning this matter, please call:

Chris Atkinson \_\_\_\_\_ at ( 407 880 8800 ) \_\_\_\_\_  
 (Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**Mailing Address:**  
 Amendment Section  
 Division of Corporations  
 P.O. Box 6327  
 Tallahassee, FL 32314

**Street Address:**  
 Amendment Section  
 Division of Corporations  
 The Centre of Tallahassee  
 2415 N. Monroe Street, Suite 810  
 Tallahassee, FL 32303

**ARTICLES OF DISSOLUTION**

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

Weller Constructors, Inc.

SECOND: The document number of the corporation (if known): G95321

THIRD: The date dissolution was authorized: 12/31/23

Effective date of dissolution if applicable: 12/31/23

(no more than 90 days after dissolution file date)

**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.

FOURTH: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

Signature: Robert Bower

(By a director, president or other officer - if directors or officers have not been selected, an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, or that fiduciary)

Robert Bower

(Typed or printed name of person signing)

CFO

(Title of person signing)

RECEIVED  
DEPARTMENT OF STATE  
TALLAHASSEE, FL  
2024 JAN 03 PM 12:53

**Filing Fee: \$35**