

LO8 000026846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

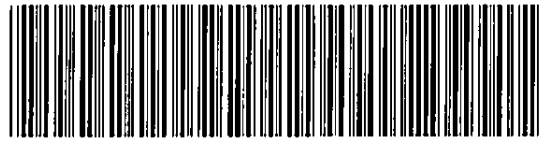
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Wmills

Office Use Only



900427010129

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

2024 APR -3 AM 7:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Weller Realty LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

H J Von Weller

(Name of Person)

Weller Pools LLC

(Firm/Company)

1821 S. Orange Blossom Trail

(Address)

Apopka, FL 32703

(City/State and Zip Code)

For further information concerning this matter, please call:

Chris Atkinson

(Name of Person)

407

880-8800

at (_____)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

\$55.00 Filing Fee, Certificate of Dissolution &
Certified Copy (additional copy is enclosed)

Mailing Address:

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

Street Address:

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

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
Weller Realty LLC

2. The Articles of Organization were filed on 3/14/2008 and assigned
document number L08000026846

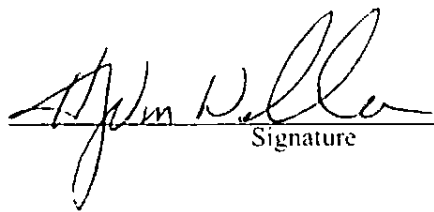
3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/23
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
The entity has had no activity for years and is no longer in use

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: N/A

2023 APR -3 AM 7:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

Signature _____
H. J. Von Weller
Printed Name _____

FILING FEE: \$25.00