113000074711

(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:				
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SECRETARY OF STATE

2025 FEB 19 AM 10: 0

COVER LETTER

Division of Corporations					
WEST PAC GROUP, I	LLC				
SUBJECT:(Name of Limited Liability Company)					
The enclosed Articles of Dissolution	and fee(s) are submitted for filing.				
Please return all correspondence con	cerning this matter to the following:				
JOHN GUARNIER	ध				
	(Name of Person)				
	(Firm/Company)				
405 S PARK AVE					
	(Address)				
APOPKA, FLORIE	DA 32703				
	(City/State and Zip Code)				
For further information concerning the	his matter, please call:				
CHRISTOPHER LOUDEN					
(Name of I	Person) at (
Enclosed is a check for the following am	iount:				
■ \$25.00 Filing Fee and Certification	ate of Dissolution \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)				
Mailing Address:	Street Address:				
Registration Section Division of Corporation	Registration Section ns Division of Corporations				
P.O. Box 6327	The Centre of Tallahassee				
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED

1. The name of a limited liability company is	2025 FEB 19 AM 10: 05
WEST PAC GROUP, LLC	SECRE TARY OF STATE
	TALLAHASSEE. FL
2. The Articles of Organization were filed on $\frac{5/21}{2}$	/2013 and assigned
document number L13000074711	
	215/2025
3. The delayed effective date the dissolution if not (effective date cannot be prior to o Note: If the date inserted in this block does not me listed as the document's effective date on the Depart	effective on the date of filing: 2/5/2025 or more than 90 days later than date document is received for filing) tet the applicable statutory filing requirements, this date will not be retirent of State's records.
4. A description of occurrence that resulted in the 605.0707, Florida Statutes, (copy 605.0707 on b	limited liability company's dissolution pursuant to section ack cover letter).
GOING OUT OF BUSINESS NO LONGER PROFT	TABLE
GOING OUT OF BUSINESS NO LONGER PROFIT	
5. If there are no members, enter the name and add	dress of the person appointed to wind up the company's
	noop of the person appearance to mind up the sempling t
activities and affairs:	
	
	
6. Signature of an authorized person or if there are above to wind up the company's activities and affa	no members, the signature of the person appointed and listed airs:
WWW	CHRISTOPHER LOUDEN
Signature	Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Compa	MEST PAC GROUP.	LLC
Document number of Limited Liab	bility Company is:	00074711
Date of dissolution was: 2/5/2025		
Description of information that mu	ast be included in a writt	ten claim:
GOING OUT OF BUSINESS NO LC	ONGER PROFITABLE	
Mailing address where claims can	be sent: (Claims cannot	be sent to the Division of Corporations)
JOHN GUARNIERI, RA		
405 S PARK AVE		
APOPKA, FL 32703	117	
A claim against the above named I claim is commenced within 4 years		y will be barred unless a proceeding to enforce the notice.
CHRISTOPHER LOUDEN		CKIN VIN
Printed Name of the Person	Filing	Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00