

L17 000 191088

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

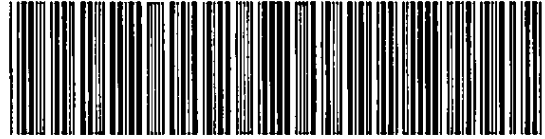
(Business Entity Name)

(Document Number)

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

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2020 JUL 31 PM 12:16  
SECRETARY OF STATE  
TALLAHASSEE, FL

SEP 25 2020

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 963 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:

Jane L. Murvin

\_\_\_\_\_  
(Name of Person)

Wyoming Wadcutter LLC

\_\_\_\_\_  
(Firm/Company)

P O Box 310

\_\_\_\_\_  
(Address)

Olney, IL 62450-0310

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jane L. Murvin

\_\_\_\_\_  
(Name of Person)

231

881-6385

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  
963 LLC
2. The Articles of Organization were filed on September 13, 2017 and assigned  
document number L17000191088
3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(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).

Liquidation of Assets. No business purpose or function remaining.

Liquidation of Assets. No business purpose or function remaining.

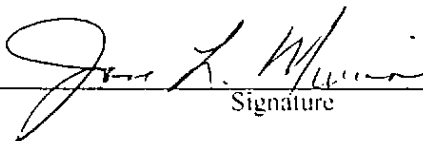
Liquidation of Assets. No business purpose or function remaining.

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

P O Box 310

Olney, IL 62450-0310

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

Jane L. Murvin

Printed Name

**FILING FEE: \$25.00**

2020 JUL 31 PM 12:16  
STATE OF FLORIDA  
DEPARTMENT OF STATE

**FILED**