H05000001384



(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:					
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)				
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Special Instructions to Filing Officer;	Columbia Copies				
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COVER LETTER

10: Registration	Section		
Division of Corpora	itions		
SUBJECT: WEM C	GROP, LTD.		
	(Name of Florida Limited Par	tnership or Limited Liability	Limited Partnership)
	icate of Dissolution a respondence concern sq.		tted for filing.
	(Contac	et Person)	
Barbara J. Krasnove, P.	. A .		
	(Firm/C	Company)	
5497 Wiles Rd. Suite 2	06		
••	(Add	ress)	
Coconut Creek, Florida	33073		
	(City, State a	nd Zip Code)	
For further informate	tion concerning this n	natter, please call:	
Barbara J. Krasnove		954 at (227-2277)
(Name	of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check	for the following am	ount:	
■\$52.50 Filing Fcc	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing F and Certified Co	
STREET ADDRES	SS:	MAILI	NG ADDRESS:
Registration Section		Registration Section	
Division of Corpora	ations	Division of Corporations	
Clifton Building		P. O. Box 6327	
2661 Executive Center Circle		Tailaha	seec FI 32314

Tallahassee, FL 32301

CERTIFICATE OF DISSOLUTION FOR

WEM GROUP, LTD.		
(Name of Florida Limited Partnership o	r Limited Liability Limited Partnership))
Pursuant to the provisions of section partnership or limited liability limit Florida Department of State on document number A0500000138 Dissolution.	ed partnership, whose certificate July 7, 2005	was filed with the assigned Florida
FIRST: Reason for dissolution: (S	State why partnership is submitting	ng dissolution)
All partners, both general and limited, have	e given their written consent.	
		1024
		30 S
SECOND: A Notice of Disso (Check box if a		16 5: 33 2: 5: 5: 16 2: 5: 5: 7: 16 2: 5: 7: 7: 7: 7: 7: 7: 7: 7: 7: 7: 7: 7: 7:
THIRD: Effective date, if other than the (Effective date cannot be prior to nor more Department of State.) Note: If the date inserted in this block doe not be listed as the document's effective d	than 90 days after the date this documes not meet the applicable statutory filing	g requirements, this date will
Signatures of each general partner or the partner of the partner o		
Shuyl A. Engelman WEM GROUP, LLC, General Partner by	SHEDVI A ENGELMAN TEE 11/10/	V4 10/23/2013 MCP
		u 10/23/2013, MQK
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50	
Certificate of Status (optional):	\$8.75	

NOTICE OF DISSOLUTION FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

This notice is submitted by the dissolved limited partnership or limited liability limited partnership named below or the successor entity for resolution of payment of unknown claims against this limited partnership or limited liability limited partnership as provided in s. 620.1807, F.S.

Dissolution.	is not required when filing a Certificate of
Name of Dissolved Limited Partnership or Li WEM GROUP, LTD.	mited Liability Limited Partnership:
Description of information that must be inclu-	ded in a claim:
Name and address of claimant. Specifc amount of Cla	im. Account or Statement number,
Date of claim. Specific goods or services rendered tha	at give rise to the claim.
Name, address, phone number, email address of conta	act person.
Mailing address where claims can be sent: (C	laims cannot be sent to the Florida Department of State.)
Barbara J. Krasnove, P.A.	
5497 Wiles Rd. Suite 206	
Coconut Creek, Florida 33073	
A claim against the above named limited part will be barred unless a proceeding to enforce 4 years after the filing of the notice.	nership or limited liability limited partnership the claim is commenced within
Signature of a general partner or a principal o	of the successor entity:
WEM GROUP, LLC. General Partner	Michael W, Engelman TEE, u/a/d 10/23/2013. MGR
Printed Name	SHERYLA. ENGELMAN, TEE, u/a/d 10/23/2013 MGR

COVER LETTER

10: Registration Section	
Division of Corporations	
SUBJECT: WEM GROP, LTD. (Name of Florida Limited Parts)	nership or Limited Liability Limited Partnership)
The enclosed Certificate of Dissolution ar Please return all correspondence concerni Barbara J. Krasnove, Esq.	` ,
(Contact	Person)
Barbara J. Krasnove, P.A.	
(Firm/C	ompany)
5497 Wiles Rd. Suite 206	
(Addre	ess)
Coconut Creek, Florida 33073	
(City, State an	d Zip Code)
For further information concerning this m	atter, please call:
Barbara J. Krasnove	at ()
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amo	ount:
\$52.50 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

CERTIFICATE OF DISSOLUTION FOR

WEM GROUP, LTD.
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)
Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on July 7, 2005, assigned Florida document number A05000001384, hereby submits this Certificate of Dissolution.
FIRST: Reason for dissolution: (State why partnership is submitting dissolution)
All partners, both general and limited, have given their written consent.
SECOND: A Notice of Dissolution is attached. (Check box if attached.)
THIRD: Effective date, if other than the date of filing: (Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.) 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.
Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.: WEM GROUP, LLC, General Partner by MICHAEL W. ENGELMAN, TRUSTEE, u/a/d 10/23/2013. MG
WEM GROUP, LLC, General/Partner by SHERYL A. ENGELMAN, TEE, u/a/d 10/23/2013, MGR
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75

NOTICE OF DISSOLUTION FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

This notice is submitted by the dissolved limited partnership or limited liability limited partnership named below or the successor entity for resolution of payment of unknown claims against this limited partnership or limited liability limited partnership as provided in s. 620.1807, F.S.

This "Notice of Dissolution" is optional and is not required when filing a Certificate of Dissolution. Name of Dissolved Limited Partnership or Limited Liability Limited Partnership: WEM GROUP, LTD. Description of information that must be included in a claim: Name and address of claimant. Specifc amount of Claim. Account or Statement number. Date of claim. Specific goods or services rendered that give rise to the claim. Name, address, phone number, email address of contact person. Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.) Barbara J. Krasnove, P.A. 5497 Wiles Rd. Suite 206 Coconut Creek, Florida 33073 A claim against the above named limited partnership or limited liability limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice. Signature of a general partner or a principal of the successor ent WEM GROUP, LLC. General Partner Michael W, Engelman TEE, u/a/d 10/23/2013. MGR Printed Name

> SHERYL A. ENGELMAN, TEE, u/a/d 10/23/2013, MGR