L0000005918

(R	equestor's Name)			
(A	ddress)			
(A	ddress)			
(C	ity/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
(B	usiness Entity Name)			
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				

Office Use Only



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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

Weaver Florida, L.C.

(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:

Joshua B. Sullivan					
(Name of Person)					
Knowles & Sullivan, LLC					
(Firm/Company)					
400 Broad Street, Suite 105					
(Address)					
Gadsden, Alabama 35901					

For further information concerning this matter, please call:

Joshua B. Sullivan at (256 S47-7200 (Area Code & Daytime Telephone Number)

(City/State and Zip Code)

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liabil Weaver Florida, L.C.	lity company is					
2.	The Articles of Organization	on were filed on May	22, 2000	and assigned			
	document number L0000000	05918					
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 605.0707, Florida Statutes,	e that resulted in the l (copy 605.0707 on ba	imited liability compar	ny's dissolution pursuant to section			
	Cessation of company activities	es and consent of all me	mbers				
5.	If there are no members, en activities and affairs:	iter the name and add	ress of the person appo	inted to wind up the company's			
	,	3470 Brockhill Drive	9				
		Hokes Bluff, Alaban	na 35903				
6. Jis	Signature of an authorized sted above to wind up the co	person or if there are mpany's activities an	no members, the signa d affairs:	ture of the person appointed and			
-/·	Marlet Mark	teleaux	Sharon Marbut and				
	Sighature	FILIN	IG FEE: \$25.00	Printed Name			
		TILIN	G I EIJ, WAS,UU	M 20 P			

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 Company: Weaver Florida, L.C.	
Document number of Limited Liability Company is: L0000005918	
Date of dissolution was: 12/29/2015	
Description of information that must be included in a written claim:	
Name, address, contract information detailed statement of the basis for the	
claim and amount claimed.	
2016 2016	
JAN 20	
STAT TOR	
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)	
Weaver Florida, L.C.	
3470 Brockhill Drive	
Hokes Bluff, Alabama 35903	

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Sharon Marbut and Mark Weaver

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