

L02000027185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

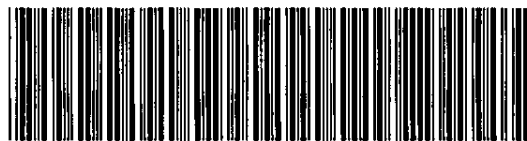
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900264149549

09/15/14--01052--006 **55.00

FILED
2014 SEP 15 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Quinn SEP 22 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Witco Properties, 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:

Debra M Morris

(Name of Person)

(Firm/Company)

7965 Saddlebrook Dr

(Address)

Port St. Lucie, FL 34986

(City/State and Zip Code)

For further information concerning this matter, please call:

Debra Morris

(Name of Person)

772

at (

9710603

(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/COURIER ADDRESS:

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

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

FILED

2014 SEP 15 AM 10:01

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

1. The name of a limited liability company is

Witco Properties, LLC

2. The Articles of Organization were filed on 10/15/2002 and assigned

document number L02000027185

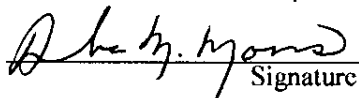
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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).

All members consent to dissolve the company.

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

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

Debra M Morris

Printed Name

FILING FEE: \$25.00