L0400001750Z

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





800327953148

04/18/15--010U5--027 →•25.60

S TALLENT MAY 02 2019



COVER LETTER

	MAILING ADDRESS:	STREET/COURIER ADDRESS:
⊠ \$25.00 F	iling Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee. Certificate of Dissolution & Certified Copy (additional copy is enclosed)
Enclosed is a check	c for the following amount:	
	(Name of Person)	(Area Code & Daytime Telephone Number)
	ELIE SIDAWI	at (<u>386</u>) <u>449-0059</u> <u>X10</u> 7 (Area Code & Daytime Telephone Number)
For further inform	nation concerning this matter, please call:	
	. (Chyrota	ne and zip Code)
-		te and Zip Code)
	0010100	AST, FL 32137 .
-		Address)
	21 / ロル	KINGS RD. N. STE. B20'7
-		n/Company)
	14/5 FM	VTERPRISES, LLC
•	(Nan	SIDAWI ne of Person)
	FIIE	SIDAWI
Please return all o	correspondence concerning this matter to	the following:
	icles of Dissolution and fec(s) are submitt	
	(Name of Emin	ed Elability Company)
SUBJECT:	W. S. ENIE	R PRISES, LLC ed Liability Company)
	·	
	n of Corporations	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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 liability company is	
	W.S. ENTERPRISES, LLC	
2.	The Articles of Organization were filed on $3/01/2004$ and assigned	
	document number <u>L04000017502</u>	
3.	The delayed effective date the dissolution if not effective on the date of filing: 4/16/2019 (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.	
	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).	
	The purpose for which this Limited Liability	
	Company was organized is no Longer required.	
5.	If there are no members, enter the name and address of the person appointed to wind up the company	j
	activities and affairs: ELie Sidawi, 73 Island ESTATES	
	PKWy., Palmi Coast, FL 32137	
6. list	Signature of an authorized person or if there are no members, the signature of the person appointed and led above to wind up the company's activities and affairs:	
	9//m.	
	ELIE SIDAWI	
	Signature Printed Name	

FILING FEE: \$25.00