

L040000037740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

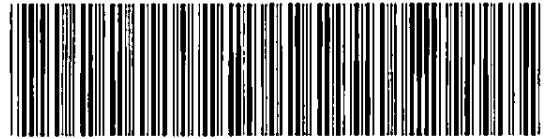
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Umls

Office Use Only



500427010085

04/03/24--01024--001 **195.00

FILED
2024 APR -3 AM 7:48
SECT
TALL/STICK/STICK/STICK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Weller Pools International 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:

Robert Bower

(Name of Person)

Weller Pools LLC

(Firm/Company)

1821 S. Orange Blossom Trail

(Address)

Apopka, FL 32703

(City/State and Zip Code)

For further information concerning this matter, please call:

Chris Atkinson

(Name of Person)

407

880-8800

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

Weller Pools International LLC

2. The Articles of Organization were filed on 5/18/2004 and assigned

document number L04000037740

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/23
(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).

The entity has had no activity for years and is no longer in use

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

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:

Robert Bower
Signature

Robert Bower

Printed Name

FILING FEE: \$25.00

2024 APR -3 AM 7:48
SECRET
TALMADGE

FILED