L04000056361

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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificates | s of Status |
| Special Instructions to F | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | | |
|---|--|--|
| SUBJECT: WCA Group of Florida, LLC (Name of Limited Liability Company) | | |
| (Name of Limited Liability Company) | | |
| The enclosed Articles of Dissolution and fce(s) are submitted for filing. | | |
| Please return all correspondence concerning this matter to the following: | | |
| | | |
| William C Abruzzo | | |
| (Name of Person) | | |
| | | |
| (Firm/Company) | | |
| P.O. Box 215 (Address) | | |
| (Address) | | |
| Hume, VA 22639 (City/State and Zip Code) | | |
| (City/State and Zip Code) | | |
| For further information concerning this matter, please call: | | |
| William C Abruzzo at 540, 359-0286 | | |
| (Name of Person) (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: STREET/COURIER ADDRESS: | | |
| Registration Section Registration Section | | |
| Division of Corporations Division of Corporations | | |
| P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle | | |
| Tallahassee, FL 32314 Tallahassee, FL 32301 | | |

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1. | The name of a limited liability company is WCA Group of Florida, LLC |
|----------|--|
| | The Articles of Organization were filed on 07 / 29 / 2004 and assigned document number L0400056361 |
| 3. | The delayed effective date the dissolution if not effective on the date of filing: 03 0 2014 |
| 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 LLC is no longer doing business and has wound up its affairs |
| 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. ab | Signature of an authorized person or if there are no members, the signature of the person appointed and listed bove to wind up the company's activities and affairs: Signature Printed Name |
| | Westburgo pres William C Abruzzo, President |
| | FILING FEE: \$25.00 |
| | |