

L04000091950

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

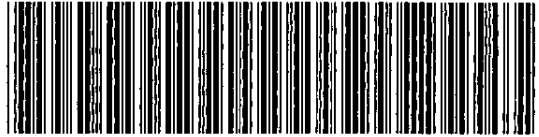
Special Instructions to Filing Officer:

A. LUNT

JAN 26 2009

EXAMINER

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FILED  
2009 JAN 23 PM 2:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Walters Equipment Co., 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:

Peter Walters

(Name of Person)

Walters Equipment Co., LLC

(Firm/Company)

240 Lambton Lane

(Address)

Naples, FL 34104-6593

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Peter Walters

(Name of Person)

at

239

(Area Code & Daytime Telephone Number)

289-1505

Enclosed is a check for the following amount:

☐

\$25.00 Filing Fee

☒

30.00 Filing Fee &  
Certificate of Status

☐

\$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐

\$60.00 Filing Fee,  
Certificate of Status &  
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 liability company is  
Walters Equipment Co., LLC

2. The Articles of Organization were filed on 01-01-2005 and assigned document number  
L04000091950

3. The date the dissolution was approved: 01-20-2009

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section  
608.441, Florida Statutes, (copy 608.441 on back cover letter).

The company is inactive at this time due to a lack of business. We would like to reserve the option of re-opening  
this company at a later date, once the economy begins to recover in the State of Florida.

**5. CHECK ONE:**

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.  
-OR-  
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective  
rights and interests.

**7. CHECK ONE:**

- ☒ There are no suits pending against the company in any court.  
-OR-  
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be  
entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature  
Peter Walters

Printed Name

Peter Walters

**FILING FEE: \$25.00**

**FILED**  
2009 JAN 23 PM 2:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA