

105000034223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

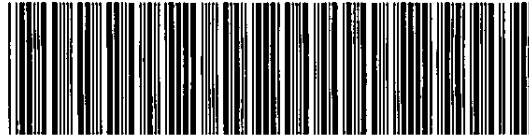
(Business Entity Name)

(Document Number)

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

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06/08/15--01034--028 \*\*25.00

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2015 JUL 15 P 4:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 16 2:55  
J. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 10, 2015

ANNE MARAJ  
WHM LLC  
501 EAST CAMINO REAL  
BOCA RATON, FL 33432

SUBJECT: BOCA OLD HOMESTEAD, LLC  
Ref. Number: L05000034223

We have received your document for BOCA OLD HOMESTEAD, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 815A00012

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** **BOCA OLD HOMESTEAD, 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:

**ANNE MARAJ**

(Name of Person)

**WHM LLC**

(Firm/Company)

**501 E CAMINO REAL**

(Address)

**BOCA RATON, FL 33432**

(City/State and Zip Code)

For further information concerning this matter, please call:

**ANNE MARAJ**

(Name of Person)

at ( **561** ) **447-5318**  
(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

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TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is

BOCA OLD HOMESTEAD, LLC

2. The Articles of Organization were filed on 04/07/2005 and assigned

document number L05000034223

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)

**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).

This limited liability company is no longer transaction business in Florida and surrenders its authority

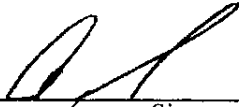
to transact business in this state.

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

ANTHONY BEOVICH

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TALLAHASSEE, FLORIDA

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

ANTHONY BEOVICH

Printed Name

**FILING FEE: \$25.00**