

LOS000104872

(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:

Office Use Only



900414150859

FILED

2023 AUG 23 PM 12:22

TALLAHASSEE, FL

RECEIVED

2023 AUG 23 AM 11:15

DIRECTOR'S OFFICE
TALLAHASSEE, FL 32304-4000



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 24, 2023

CORPORATION SERVICE COMPANY

SUBJECT: WESTRIDGE APARTMENTS, LLC
Ref. Number: L05000104872

RESUBMIT
Please give original
submission date as file date.

We have received your document for WESTRIDGE APARTMENTS, LLC.
However, the document has not been filed and is being returned for the following:

In the Notice of Limited Liability Company dissolution, the "description of information that must be included in a written claim" is for the description the dissolving business would require an individual to list in the claim towards the business. A mailing address is also required where the claims should be sent.

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham
Regulatory Specialist III
Director's Office

Letter Number: 623A00019723

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2023 AUG 23 PM 12:22

2023 SEP 19 AM 11:11
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 950003 7954684
AUTHORIZATION : *Eyliena Baker*
COST LIMIT : \$ 25.00

ORDER DATE : August 22, 2023

ORDER TIME : 9:15 AM

ORDER NO. : 950003-025

CUSTOMER NO: 7954684

DOMESTIC FILINGS

NAME: WESTRIDGE APARTMENTS, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT#

EXAMINER'S INITIALS: _____

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2023 AUG 23 PM 12:22
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Westridge Apartments, 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:

Teddy Pejeau

(Name of Person)

Atlanticville

(Firm/Company)

2213 Middle Street, 2nd Floor

(Address)

Sullivan's Island, SC 29482

(City/State and Zip Code)

For further information concerning this matter, please call:

Teddy Pejeau

843

384-1702

at ()

(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:

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

2023 AUG 23 PM 12:22

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

1. The name of a limited liability company is
Westridge Apartments, LLC

2. The Articles of Organization were filed on 10/26/2005 and assigned
document number 3315104

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).

The company is no longer in operation

The company is no longer in operation

The company is no longer in operation

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. 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:

Teddy Pejeau

Signature

Teddy Pejeau

Printed Name

FILING FEE: \$25.00

2023 AUG 23 PM 12:22
CLERK OF THE COURT
HALL OF RECORDS
TALLAHASSEE, FL

FILED

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Westridge Apartments, LLC

Document number of Limited Liability Company is: 3315104

Date of dissolution was: _____

Description of information that must be included in a written claim:

The company is no longer in operation

2023 AUG 23 PM 12:22
FILED
CLERK OF COURT
JULIA MASSELL
JULIA MASSELL

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

2213 Middle Street

2nd Floor

Sullivans Island, SC 29482

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Teddy Pejeau

Printed Name of the Person Filing

Teddy Pejeau

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00