L05000104872

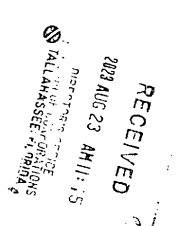
	(Requestor's Name)
	(Address)
	(Address)
	(Addiess)
-	(City/State/Zip/Phone #)
PiCK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
	-
Special Instructions to	Filing Officer:
opecial instructions to	Thing Officer.





900414150859

2023 AUG 23 PH 12: 22





FLORIDA DEPARTMENT OF STATE Division of Corporations

August 24, 2023

CORPORATION SERVICE COMPANY

Please give original submission date as file date.

SUBJECT: WESTRIDGE APARTMENTS, LLC

Ref. Number: L05000104872

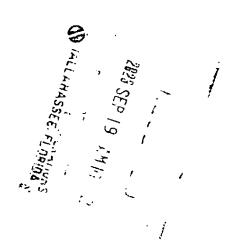
We have received your document for WESTRIDGE APARTMENTS, LLC. However, the document has not been filed and is being returned for the following:

In the Notice of Limited Liability Company dissolution, the "description of information that must be included in a written claim" is for the description theodissolving 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



www.sunbiz.org

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 950003 _ 7954684

AUTHORIZATION: Spullet Man

COST LIMIT : \$ 25.00

DOMESTIC FILINGS

ORDER DATE: August 22, 2023

ORDER TIME : 9:15 AM

ORDER NO. : 950003-025

CUSTOMER NO: 7954684

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:

2017 VIIC 23 PM 15: 5

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	Westridge Apartments, LLC				
SODJEC, I: _	(Name of Limi	ted Liability Company)			
The enclosed	Articles of Dissolution and fee(s) are submi	tted for filing.			
Please return a	all correspondence concerning this matter to	the following:			
	Teddy Pejeau				
	(Na	me of Person)			
	Atlanticville				
	(Firm/Company)				
	2213 Middle Street, 2nd Floor				
		(Address)	<u></u> ; ∈	<u>-</u>	
	Sullivan's Island, SC 29482				
	(City/St	ate and Zip Code)	OZJADO ZJENE EL	7 7	
For further inf	formation concerning this matter, please call	l:	75	77.	
Teddy Pejeau		843 384-1702 at ()			
	(Name of Person)	(Area Code & Daytime Telephone N	Vumber)		
Enclosed is a cl	neck for the following amount:				
□ \$2 5.0	00 Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolut Certified Copy (additional copy is encl			
Mail	ing Address:	Street Address:			
Registration Section		Registration Section			
	Division of Corporations Division of Corporations				
	Box 6327	The Centre of Tallahassee			
Talla	ahassee, FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

 The name of a limited liability company Westridge Apartments, LLC 	ris	
	10/26/2005	<u> </u>
2. The Articles of Organization were filed	on 10/20/2000	and assigned
document number 3315104		
3. The delayed effective date the dissolution (effective date cannot be Note: If the date inserted in this block doe listed as the document's effective date on the content of the series of the delayed effective date on the delayed effective date of the delayed effective date of the delayed effective date cannot be effective date on the delayed effective date of the delayed effective date cannot be effective date. 1. **The delayed effective date of the dissolution of the delayed effective date cannot be effective date. 2. **The delayed effective date of the delayed effective date of the delayed effective date of the delayed effective date. 3. **The delayed effective date of the delayed effective date of the delayed effective date. 4. **The delayed effective date of the delayed effective date of the delayed effective date. 4. **The delayed effective date of the delayed effective date of the delayed effective date. 5. **The delayed effective date of the delayed effective date of the delayed effective date. 5. **The delayed effective date of the delayed effective date. 5. **The delayed effective date of the delayed effective date. 6. **The delayed effective date of the delayed effective date. 6. **The delayed effective date of the delayed effective date. 7. **The delayed effective date of the delayed effective date. 8. **The delayed effective date of the delayed effective date. 8. **The delayed effective date of the delayed effective date. 9. **The delayed effective date of the delayed effective date. 9. **The delayed effective date of the delayed effective date. 9. **The delayed effetive date of the delayed effetive date. 9. **The delayed effetive date of the delayed effetive date. 9. **The delayed effetive date of the delayed effetive date. 9. **The delayed effetive date of the delayed e	prior to or more than 90 days later s not meet the applicable statuto	than date document is received for filing) ry filing requirements, this date will not be
4. A description of occurrence that resulted 605.0707, Florida Statutes, (copy 605.07	d in the limited liability comp 107 on back cover letter).	any's dissolution pursuant to section
The company is no longer in operation		
The company is no longer in operation		2023
The company is no longer in operation		2023 AUG 23
5. If there are no members, enter the name	and address of the person ap	(S) 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
activities and affairs:		22
		
6. Signature of an authorized person or if the above to wind up the company's activities a	here are no members, the signand affairs:	nature of the person appointed and liste
Teddy Pejeau	Teddy Pejeau	
Signature		Printed Name

FILING FEE: \$25.00

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.

Printed Name of the Person Filing	Signature of the Person Filing
	Teddy Pejean
A claim against the above named limited liability comp claim is commenced within 4 years after the filing of th	
Sullivans Island, SC 29482	
2nd Floor	
Mailing address where claims can be sent: (Claims can 2213 Middle Street	not be sent to the Division of Corporations)
	73. L
	PH I2:
	ႏုိ ω
	AUG 2
	2023
The company is no longer in operation	
Description of information that must be included in a w	ritten claim:
Date of dissolution was:	_
Document number of Limited Liability Company is: 33	
Name of Limited Liability Company:	
Westridge Apartn	nents, LLC

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