LD5000/08989

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SECRETARY OF STATE

HAR 2.9 2016

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Walker Invasive Pla (Name of Limited L	iability Company)	
The enclosed Articles of Dissolution and fee(s) are submitted f	or filing.	
Please return all correspondence concerning this matter to the	îollowing:	
Juan A. Walker (Name of	Person)	
(Firm/Co	ompany)	
17131 Slater Road	/ress)	
North Fort Myers, (Esty/State ar	Fc 33917 ad Zip Code)	
For further information concerning this matter, please call:	A 29	
Joyce L. Walker (Name of Person)	at (239) 543-807 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
\$25.00 Filing Fee and Certificate of Dissolution	S55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)	J
MAILING ADDRESS: Registration Section Division of Corporations	STREET/COURIER ADDRESS: Registration Section Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314	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
	Walker Invasive Plant Management, LLC
2.	The Articles of Organization were filed on November 9, 2005 and assigned
	document number <u>L05000 / 08 989</u>
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).
	· · · · · · · · · · · · · · · · · · ·
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Toyce L. Welker
	17131 Stater Road
	North Fort Myers, Fe 33917 FR #
	HAS TO THE PART OF
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:
X	Signature Joyce L. Walker Printed Name
' '	Name of the Control o

FILING FEE: \$25.00