

LO5000 114 350

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

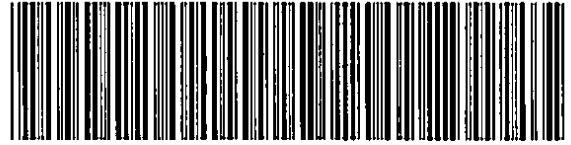
(Business Entity Name)

(Document Number)

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2019 MAR 29 PM 1:34
CLERK OF STATE
TALLAHASSEE FLORIDA

D. BRUCE
APR 08 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WCAP, 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:

William J. Castagna
(Name of Person)

WCAP, LLC
(Firm/Company)

4875 Hansard Ave.
(Address)

North Port, FL 34286
(City/State and Zip Code)

For further information concerning this matter, please call:

William J. Castagna at 941, 426-6860
(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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

1. The name of a limited liability company is

WCAP, LLC

2. The Articles of Organization were filed on November 29, 2005 and assigned
document number L05000114350

3. The delayed effective date the dissolution if not effective on the date of filing: April 30, 2019
(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).

Closing Business. Sold all Assets.
Closing the LLC.

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

WILLIAM J. CASTAGNA

4875 HAYSARD AVE.

NORTH PORT, FL 34286

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STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
AND BUSINESSES

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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:

William J. Castagna
Signature
Registered Agent
& Manager

William J. Castagna
Printed Name

FILING FEE: \$25.00