

LO5000117376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

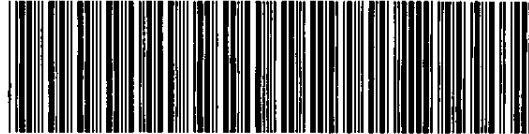
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Back dated to  
original date of receipt  
to avoid for  
effective date

Office Use Only

2/2/15



400267060084

12/04/14--01011--018 \*\*35.00

EFFECTIVE DATE

12/20/14

FILED  
14 DEC -4 AM 9:35  
RECEIVED  
144442014-10004

M. MILLIGAN  
EXAMINER

FEB 2 2015



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 11, 2014

WELK ENTERPRISES, LLC  
ATTN: LYNN P. MELTON  
45 SUNSET DRIVE  
WHISPERING PINES, NC 28327

SUBJECT: WELK ENTERPRISES, LLC  
Ref. Number: L05000117376

We have received your document for WELK ENTERPRISES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

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.

Michelle Milligan  
Senior Section Administrator

Letter Number: 014A00026139

RECEIVED  
15 JAN 12 AM 10:00  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Welk Enterprises, 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:

Lynn Melton

(Name of Person)

Welk Enterprises

(Firm/Company)

45 Sunset Drive

(Address)

Whispering Pines, NC 28327

(City/State and Zip Code)

For further information concerning this matter, please call:

Lynn Melton

(Name of Person)

at

910 ) 638-5349

(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

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED  
14 DEC -4 AM 9:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Week Enterprises, LLC

2. The Articles of Organization were filed on 12/08/2005 and assigned

document number LO5000 117376

EFFECTIVE DATE

12/20/14

3. The delayed effective date the dissolution if not effective on the date of filing: 12/20/14  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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).

we have no customers, no sales revenue,  
no expenses + no potential for business

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:

Lynn P. Melton  
Signature

Lynn P. Melton  
Printed Name

FILING FEE: \$25.00