

L06000033/49

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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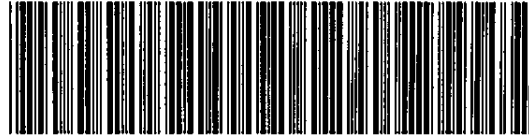
(Business Entity Name)

(Document Number)

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EFFECTIVE DATE  
9-30-2015

09/11/15--01010--009 \*\*25.00

FILED  
2015 SEP 11 PM 5:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
SEP 15 2015

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Weaver & Weaver, Attorneys at Law, L.L.C.  
(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:

Timothy A. Weaver  
(Name of Person)  
Weaver Weaver & Collins, PA  
(Firm/Company)  
8285 Navarre Parkway  
(Address)  
Navarre Florida 32566  
(City/State and Zip Code)

For further information concerning this matter, please call:

Tim Weaver at ( 850 ) 939-5299  
(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

EFFECTIVE DATE  
9-30-2015

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED

2015 SEP 11 PM 5:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Weaver & Weaver, Attorneys At Law, L.L.C.

2. The Articles of Organization were filed on January 12, 2009 and assigned

document number L06000033149

3. The delayed effective date the dissolution if not effective on the date of filing: September, 30, 2015  
(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).

A new partner joined my firm so we opened  
a new P.A.

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

Timothy A. Weaver

8285 Navarre Parkway

Navarre Florida 32566

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:

  
Signature

Timothy A. Weaver  
Printed Name

FILING FEE: \$25.00