

LO6000056726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
OCT 28 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STEPHEN & HELENE WEICHOLZ, 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:

Stephen Weicholz

(Name of Person)

STEPHEN & HELENE WEICHOLZ, LLC

(Firm/Company)

1000 South Ocean Blvd, # 504

(Address)

Boca Raton, FL 33432

(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____) _____
(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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TALLAHASSEE, FLORIDA
October 27, 2016

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

1. The name of a limited liability company is
STEPHEN & HELENE WEICHOLZ, LLC

2. The Articles of Organization were filed on June 2, 2006 and assigned
document number L06000056726

3. The delayed effective date the dissolution if not effective on the date of filing: December 31, 2016
(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).
Unanimous consent of all members.

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

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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:


Signature

Stephen Weicholz, Authorized Member
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.

Name of Limited Liability Company: STEPHEN & HELENE WEICHOLZ, LLC

Document number of Limited Liability Company is: L06000056726

Date of dissolution was: December 31, 2016

Description of information that must be included in a written claim:

All details regarding the claim including but not limited to the
date(s) that give rise to the claim and the parties to the claim.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Laing & Weicholz, P.L.

6111 Broken Sound Pkwy NW

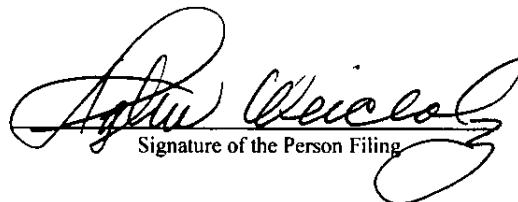
Suite 330

Boca Raton, FL 33487

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Stephen Weicholz, Authorized Member

Printed Name of the Person Filing


Signature of the Person Filing

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

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