

LO6000 120501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JAN 09 2015

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LOB Wickshire, 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:

Nicole Simonds
(Name of Person)

BW Partners, LLC
(Firm/Company)

2944 N 44th Street, Ste 250
(Address)

Phoenix, AZ 85018
(City/State and Zip Code)

For further information concerning this matter, please call:

Nicole Simonds at (602) 852-3442
(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

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

1. The name of a limited liability company is

LOB Wickshire, LLC

2. The Articles of Organization were filed on 12/20/06 and assigned

document number L06000120901

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/13
(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).

The desire to not conduct 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:

MGM R

RW Partners, LLC

2944 N 44th Street, Ste 250

Phoenix, AZ 85018

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

John W. Bozzo

Printed Name

FILING FEE: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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