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**EXAMINER** 

# **COVER LETTER**

Division of Corporations
SUBJECT: WASSES MAX 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:
Scott Fisher
Scott Fisher  (Name of Person)
(Firm/Company)  (Firm/Company)  (Address)  (Address)  (Address)
(Firm/Company)
(Famicompany)
11282 CALL MANSANIN CINE
(Address)
11282 CALL MANSANIN CINES (Address)  TACKSONCILLE FOR 32223 8
(City/State and Zip Code)
For further information concerning this matter, please call:
5 6
Scott F15444 at (904) 986 - 9816 (Name of Person) (Area Code & Daytime Telephone Number)
(
Enclosed is a check for the following amount:
\$25.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  S25.00 Filing Fee & S60.00 Filing Fee, 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

FILING FEE: \$25.00