## 108000004741

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone	#)
PICK-UP WAIT	MAIL
(Business Entity Nam	ne)
(Document Number)	
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Special Instructions to Filing Officer.	

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SECRETURY OF STATE
TALLARASSEE, FL

## **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: BUSINESS CIOSUYC	Notification Workell Painting LLC	
DOCUMENT NUMBER: LO80000	004741	
The enclosed Notice of Limited Liability Co	ompany Dissolution and fee are submitted for filing.	
Please return all correspondence concerning the	his matter to the following:	
Juson Worpell (Name of Co	ontact Person)	
(Name of Co	mtact Person)	
Worpell Painting LLC (Firm/C) 3590 Pawleys Loop S (Add		
(Firm/C	Lompany)	
3590 Pawleys Loop S		
(Add	ress)	
Sourt Claud FL 34769		
(City/State	and Zip Code)	
For further information concerning this matte	r, please call:	
Tason Norpell (Name of Contact Person)	_at(407) 414 1866 55	
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount	□S55 Filing Fee & □S60 Filing Fee, □S60 Filing Fee	
□\$25 Filing Fee □\$30 Filing Fee & Certificate of Status	☐\$55 Filing Fee & ☐\$60 Filing Fee, ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	
LA DUNIUSIN	(Additional copy is enclosed) Copy (Additional copy	
Sent-check for \$35	is enclosed)	
Mailing Address:	Street Address:	
Registration Section	Registration Section Division of Corporations	
Division of Corporations P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## Notice of Limited Liability Company Dissolution

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: Warpell Punting LLC	
Document number of Limited Liability Company is: LO 80000 4741	
Date of dissolution was: September 22, 2024	
Description of information that must be included in a written claim:	
Officially Closing business September 22, 2024	
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)  SECONDARY LOOPS  SAMILLE STATE  SAMILLE STATE  SAMILLE STATE  SEE, FL	
A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim commenced within 4 years after the filing of this notice.	is
Tasm Word Person Filing Signature of the Person Filing	

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