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(Re	equestor's Name)	<del></del>
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	)
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

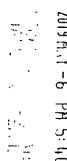
Office Use Only

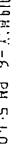


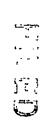
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R. WHITE MY 16 2013







### COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Willy Carpentry this bed Carpentry + (Frame 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:
LOUIS Willis (Name of Person)
3711 N.W. 169th Herrace  (Address)  (City/State and Zip Code)
For further information concerning this matter, please call:  LOUIS & AnnMare at (994) 934-6936  (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:

#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

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Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

The summer of a limited Blob Block and the state of the s
The name of a limited liability company is WUUW Corpentry, Finished Carpentry of Party of 1989
The Articles of Organization were filed on and assigned and assigned
document number <u>L086000 H1031</u>
The delayed effective date the dissolution if not effective on the date of filing:  (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.
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).
If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
3711 N. W. 169th terr
Opa Lock F1 33055
Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs:
Louis Willis
Signature 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:
Document number of Limited Liability Company is: LO80004103/
Date of dissolution was:
Description of information that must be included in a written claim:
Retired September 31,2018
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

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.

Printed Name of the Person Filing

Signature of the Person Film

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