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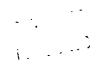
(Re	equestor's Name)	-
(Ac	ldress)	
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PICK-UP	WAIT	MAIL
(Bı	siness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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### **COVER LETTER**

TO: Registration Section Division of Corporations

WRM Group 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:

Mark Murphy		
(Name of Person)		
(Firm/Company)		
3650 N. Miami Ave. second floor		
(Address)		
Miami, FL 33127		
(City/State and Zip Code)		

For further information concerning this matter, please call:

Mark Murphy

,305

970.8494

(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

2019 ( . 15 /4 9: 47

2. The Articles of Organizatio	n were filed on 11/5/2008	and assigned
document number 1.08000i	03479	
(effective Note: If the date inserted in t	the dissolution if not effective on the date cannot be prior to or more than 90 days this block does not meet the applicable stative date on the Department of State's re-	later than date document is received for filing) attutory filing requirements, this date will no
4. A description of occurrence 605.0707, Florida Statutes, (	that resulted in the limited liability (copy 605.0707 on back cover letter)	company's dissolution pursuant to section.
Through the consent of all of it	ts Members and pursuant to fs 605.0701	(2), the Members all agreed to voluntarily
the Florida Department of Div	ision of Corporations.	
5. If there are no members, en	ter the name and address of the perso	on appointed to wind up the company's
activities and affairs:		
	-	
	<u>.                                    </u>	
6. Signature of an authorized plisted above to wind up the cor	person or if there are no members, the mpany's activities and affairs:	e signature of the person appointed and
Dugm	Mark Mur	phy
Signature	<del></del>	Printed Name

FILING FEE: \$25.00