· (Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
(Only/Otate/Zip/) Hone #/	
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EXAMINER



600189061276

12/30/10--01029--024 **25.00

COVER LETTER

	ation Section n of Corporations
SUBJECT:	WAISLINK LLC (Name of Limited Liability Company)
	(Name of Elmited Elability Company)
The enclosed Art	ticles of Dissolution and fee(s) are submitted for filing.
Please return all	correspondence concerning this matter to the following:
	John M. Weizenblur
	(Name of Person)
	(Firm/Company)
	15175 SW 94th Tellace (Address)
	MIAMI, EL. 33196 (City/State and Zip Code)
	mation concerning this matter, please call:
<u> </u>	Ohn M. Weizenblut at (305) 423-9247 (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check	k for the following amount:
\$25.00 Filing Fo	Solution and the second

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

ch 24, 2009 and assigned document number
<u> </u>
46ER 28, 2010
ed liability company's dissolution pursuant to section ver letter).
mited liability company have been paid or discharged.
lebts, obligations and liabilities pursuant to s. 608.4421.
ited among its members in accordance with their respective
ted among its memoers in accordance with their respective
any in any court.
atisfaction of any judgment, order or decree which may be
ansauction of any judgment, order of decree which may be
membership interests necessary to approve the dissolution:
Deleted Mana
Printed Name
John M. WEIZENBLUT
O DE
See A
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FS L

FILING FEE: \$25.00