# 409000063514

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
•		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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400194721964 NO9-63514

02/22/11--01015--024 \*\*30.00



N. CAUSSEAUX

FEB 2 3 2011

**EXAMINER** 

W M Systems, LLC 9657 Bay Pines Blvd. St Petersburg, FL 33708 Telephone: (727)399-0800 Fax: (727)391-5295

February 16, 2011

Florida Dept of State Registration Section Division of Corporations P O Box 6327 Tallahassee, FL 32314

Re: W M Systems, LLC L09000063514

Dear Sir:

Attached are the forms for dissolution of W M Systems, LLC. The company ceased all business effective December 31, 2010.

Our check for \$30.00 is enclosed.

Sincerely,

Paige Storman

### **COVER LETTER**

TO: Registration Section Division of Corporations	SYSTEMS LLC		
•	ISTEMS LLC		
(Name of Limited Liability Company) L 09000063514			
The enclosed Articles of Dissolution and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Paige Storman (Name of Person)			
(Name of Person)			
WM SYSTEMS LLC (Firm/Company)			
9657 Becy Pines Blud (Address)			
St. Patershung FL 33708 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Paige Storman at (727 (Name of Person) (Area Coo	399-0800		
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Enclosed is a check for the following amount:  \$25.60 Filing Fee \$\ \text{Certificate of Status}\$\$  \$55.00 Filing Fee \$\ \text{Certified Copy (additional copy is } \text{Certified Copy is }\$\$	Certificate of Status &		
	(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 LIMITED LIABILITY COMPANY

1. The name of a limited liability company is $\frac{W  M}{S / S / S / S}$	LLC
2. The Articles of Organization were filed on	September, 28, 2009 and assigned document number
3. The date the dissolution was approved:	ee 31, 2010
4. A description of occurrence that resulted in the 608.441, Florida Statutes, (copy 608.441 on b	ne limited liability company's dissolution pursuant to section back cover letter).
Closed-NO-Business	5
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5. CHECK ONE:	
-OR-	of the limited liability company have been paid or discharged.  or the debts, obligations and liabilities pursuant to \$\frac{3}{2}608.4421.
	distributed among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the	e company in any court.
OR-	or the satisfaction of any judgment, order or decree which may be
gnatures of the members having the same percent	tage of membership interests necessary to approve the dissolution:
Signature	Printed Name
Paige Storman	Paige Storman
Cluster M. Fetall	CLINTON MITCHELL MI
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