*L09000069423

(Requestor's Name)					
(Address)					
(Address)					
(Cit	ry/State/Zip/Phone	e #)			
<u>_</u>		MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
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		!			

Office Use Only



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2014 APR 29 PM 1: 34
SECKETARY OF STATE

K. SALY EXAMINER WAY - 7 2014

COVER LETTER

WESTERN GUARANTY ESCROW & TITLE, LLC, (Name of Limited Liability Company)					
he enclosed	Articles of Dissolution and fee(s) are submitt	ed for filing.			
lease return a	all correspondence concerning this matter to	the following:			
	Peter C Loncteaux		/* ·		
	(Nan	ne of Person)			
	WESTERN GUARANTY ESCROW & TITLE, LLC,				
	(Fin	n/Company)			
	PO Box 256				
	(Address)			
	Lake Arrowhead, CA 92352				
	. (City/Sta	te and Zip Code) ,			
- 6 4 16		٠,	• •		
or further inf	formation concerning this matter, please call:				
Peter C Loncteaux		561 at (213-7151		
	(Name of Person)	(Area Co	ode & Daytime Telephone Number)		
inclosed is a ch	neck for the following amount:				
\$25.00 Filing Fee and Certificate of Dissolution			g Fee, Certificate of Dissolution & Copy (additional copy is enclosed)		

MAILING ADDRESS:

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

Land Frankland Charles

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

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1.	The name of a limited liability WESTERN GUARANT		E, LLC,	TALLAHASSEE, FL			
2.	The Articles of Organization	n were filed on July 17	, 2009	_ and assigned			
	document number L09000	069423	<u>-</u> .				
3.	. The delayed effective date the dissolution if not effective on the date of filing: N/A (effective date cannot be prior to or more than 90 days later than date document is received for filing)						
4.	A description of occurrence 605.0707, Florida Statutes, (The consent of all mem	copy 605.0707 on back o	ted liability company's d cover letter).	issolution pursuant to section			
	The consent of all mem	Ders.					
5.	If there are no members, enter the name and address of the person appointed to wind up the company's						
activities and affairs: Peter C loncteaux							
PO Box 256							
	Lake Arrowhead, CA 92353						
		561-213-7151					
6. lis	Signature of an authorized p ted above to wind up the com	erson or if there are no r npany's activities and aff	nembers, the signature of fairs:	f the person appointed and			
	Teles Conclea	w.	Peter C Loncteaux				
	✓ Signature		Printed	l Name			

FILING FEE: \$25.00