

#L09000069423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

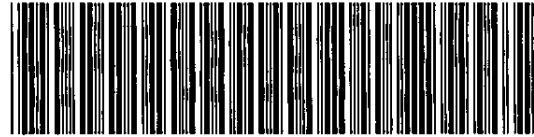
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

2014 APR 29 PM 1:34

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K. SALLY
EXAMINER
MAY -7 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WESTERN GUARANTY ESCROW & TITLE, 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:

Peter C Lonctaux

(Name of Person)

WESTERN GUARANTY ESCROW & TITLE, LLC,

(Firm/Company)

PO Box 256

(Address)

Lake Arrowhead, CA 92352

(City/State and Zip Code)

For further information concerning this matter, please call:

Peter C Lonctaux

(Name of Person)

at (561) 213-7151

(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

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TALLAHASSEE, FLORIDA

- 
Signature

Printed Name _____

FILING FEE: \$25.00