

Sep 15 10 04:47p

Division of Corporations

FERNANDEZ

305-271-5555

Page 1 of 1

LA9000107273

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 617-6303

From:

Account Name : NOEL R. PUTG LLC

Account Number : 120080000103

Phone : (305) 267-0334

Fax Number : (305) 267-0793

**LLC DISSOLUTION OR WITHDRAWAL
W SIGMA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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10 SEP 15 PM 12:13
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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G. MCLEOD

SEP 16 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

(((H10000204570 3)))

SUBJECT: W SIGMA 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:

WILLIAM L SOARES

(Name of Person)

W SIGMA LLC

(Firm/Company)

133 NE 2ND AVE SUITE 2610

(Address)

MIAMI FL 33132

(City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAM L SOARES

(Name of Person)

at (

305

267-0334

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:



\$25.00 Filing Fee



\$30.00 Filing Fee &
Certificate of Status



\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)



\$60.00 Filing Fee,
Certificate of Status &
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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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMP.**

(((H10000204570 3)))

1. The name of a limited liability company is

W SIGMA LLC

2. The Articles of Organization were filed on 11/06/2009 and assigned document number L09000107273

3. The date the dissolution was approved: Sep. 14, 2010

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

COMPANY INACTIVE

5. CHECK ONE:

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

- ☒ There are no suits pending against the company in any court.
-OR-
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature [Handwritten Signature]

Printed Name

WILLIAM L SOARES

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 SEP 15 PM 12:13

FILED

FILING FEE: \$25.00

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