

L10000001055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

MAR 21 2016  
S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 8, 2016

CHRISTINE T WETZEL  
997 WEBSTER AVENUE NW  
PT CHARLOTTE, FL 33948

SUBJECT: WETZEL ENTERPRISES LLC  
Ref. Number: L10000010515

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We have received your document for WETZEL ENTERPRISES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A Statement of Termination may be filed after the limited liability company has completed winding up and after a voluntary dissolution has been filed with this office. See section 605.0709(7), Florida Statutes for reference.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young  
Regulatory Specialist II

Letter Number: 816A00004721

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WEITZEL ENT. 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:

CHRISTINE WEITZEL  
(Name of Person)  
WEITZEL ENT. LLC  
(Firm/Company)  
997 WEBSTER AVE NW  
(Address)  
FT CHARLOTTE FL 33948  
(City/State and Zip Code)

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TALLAHASSEE, FL 32301  
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For further information concerning this matter, please call:

CHRISTINE WEITZEL at (941) 586 5222  
(Name of Person) (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

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

WEITZEL ENT. LLC

2. The Articles of Organization were filed on 1-25-2010 and assigned

document number L1 00000 10515

3. The delayed effective date the dissolution if not effective on the date of filing: 3/1/2016  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(6-1-15 CLOSED)

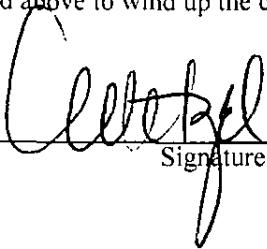
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

BUSINESS SOLD THEN CLOSED

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

CHRISTINE WEITZEL  
997 WEBSTER AVE NW  
PT CHARLOTTE FL 33948

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

  
Signature

CHRISTINE WEITZEL  
Printed Name

FILING FEE: \$25.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: \_\_\_\_\_

Document number of Limited Liability Company is: \_\_\_\_\_

Date of dissolution was: \_\_\_\_\_

Description of information that must be included in a written claim:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE, FLORIDA  
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Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

\_\_\_\_\_  
Printed Name of the Person Filing

\_\_\_\_\_  
Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00**