

L10000039463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

APR 4 2011

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** XTREME LEDZ, 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 A. WESTERKAMP  
(Name of Person)

XTREME LEDZ, LLC  
(Firm/Company)

9862 LORELEI DRIVE  
(Address)

CINCINNATI, OH 45231  
(City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAM A. WESTERKAMP at ( 727 ) 519-6201  
(Name of Person) (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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TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is

XTREME LEDZ

2. The Articles of Organization were filed on 04/13/2010 and assigned document number

L10000039463

3. The date the dissolution was approved: July 4th, 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).

DUE TO PERSONAL REASONS, I MOVED OUT OF STATE AND WASN'T  
ABLE TO CONTINUE PERFORMING THE BUSINESS FUNCTIONS.

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.

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STATE OF FLA  
ALLAHSEE, FLORIDA

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

Signature

William A. Westerkamp

Printed Name

WILLIAM A. WESTERKAMP



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 24, 2011

WILLIAM A. WESTERKAMP  
XTREME LEDZ, LLC  
9862 LORELEI DRIVE  
CINCINNATI, OH 45231

SUBJECT: XTREME L.E.D.Z., LLC  
Ref. Number: L10000039463

We have received your document for XTREME L.E.D.Z., 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):

The document must contain the effective date of the limited liability company's dissolution.

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) 245-6028.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 511A00007157

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TALLAHASSEE, FLORIDA