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COV	ERLETTER
TO: Registration Section Division of Corporations	
SUBJECT: Wellspring Products, LLC	
	nited Liability Company)
The enclosed Articles of Dissolution and fee(s) are sub-	mitted for filing.
Please return all correspondence concerning this matter	to the following:
Kathleen M Sheehan	TALL TALL
1)	Name of Person)
Wellspring Products, LL	C SSE
(1	Firm/Company)
9621 Rosewood Pointe	Name of Person)  C Firm/Company)  Terrace Apt 104  (Address)
	(Address)
Bonita Springs, FL 3413	35
(City/	State and Zip Code)
For further information concerning this matter, please c	all:
Kathleen M Sheehan	239 \ 947-4769
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$25.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, 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

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or decree which may b
approve the dissolution
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