

L/0000/32545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

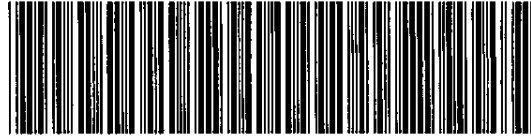
Certificates of Status _____

Special Instructions to Filing Officer:

Kristine West gave
permission to change
Effective date to 1/5/15

DC
01-16-15

Office Use Only



800267866838

01/05/15--010117--015 **55.00

FILED

15 JAN -5 PM 4:01

LLC
Diss.

01-16-15
DC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEXAGONAL WATER 4U, 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:

KRISTINE C. WEST

(Name of Person)

HEXAGONAL WATER 4U

(Firm/Company)

1737 CINNAMON DRIVE

(Address)

ORANGE PARK, FL 32073

(City/State and Zip Code)

For further information concerning this matter, please call:

Kristine C. West

(Name of Person)

at (904) 327-1817 cell
269-5245 Home
(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

FILED
15 JAN -5 PM 4:01

1. The name of a limited liability company is

HEXAGONAL WATER 4 U, LLC

2. The Articles of Organization were filed on 12/30/2010 and assigned

document number L 10000 132 545

3. The delayed effective date the dissolution if not effective on the date of filing: 01/05/2015
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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).

personal reasons

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

KRISTINE C. WEST

1737 CINNAMON DRIVE

ORANGE PARK, FL 32073

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:

Kristine C. West
Signature

KRISTINE C. WEST
Printed Name

FILING FEE: \$25.00