

L11000016377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

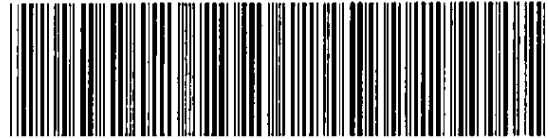
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COVER LETTER

TO: Registration Section
Division of Corporations
Westwood Solar One LLC

SUBJECT: _____
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elaine M Jacobson

Name of Person
Gainesville Solar Solutions, LLC

Firm/Company
2436 NW 37th Ter

Address
Gainesville, FL 32605

City/State and Zip Code
elaine@solarimpact.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elaine M Jacobson 352 281-5947

Name of Person at (_____) _____
Area Code Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

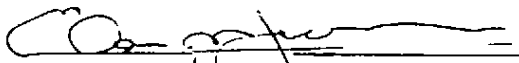
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

1. The name of a limited liability company is
WESTWOOD SOLAR ONE, LLC
2. The Articles of Organization were filed on 02/08/2011 and assigned
document number L11000016377
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(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.
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).
This limited liability company has completed winding up its activities and affairs and has
determined that it will file a statement of termination.

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

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:



S. Shoriz

Elaine M Jacobson

Printed Name

FILING FEE: \$25.00