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(Document Number)
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FILED 14, OCT 13 AH 11: 39 SECRETARY OF STATE FALLAHASSEE. FLORID

OCT 1 4 2014 T. HAMPTON

COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: Watson Team 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:
Olivia WATSON (Name of Person)
(Firm/Company)
5145 ELPINE WAY
(Address)
PALM BEACH GARDENS, FLORIDA 33418 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (561) 373-3711 (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

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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 WATSON TEAM LLC
2. The Articles of Organization were filed on $3/24/2011$ and assigned
document number
3. The delayed effective date the dissolution if not effective on the date of 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).
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:
Olivia Watson OLIVIA WATSON

Signature

Printed Name

FILING FEE: \$25.00

FILED SECRETARY OF STATE