

#L11000037995

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(Business Entity Name)

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2014 JUL 21 PM 1:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
JUL 21 2014

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ECOWISEREPELLENT, 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 Wahl  
(Name of Person)

Ecowiserepellent  
(Firm/Company)

4420 SW 93 AVE  
(Address)

DAVIE FL 33324  
(City/State and Zip Code)

For further information concerning this matter, please call:

William Wahl at 954, 854 8924  
(Name of Person) (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

2014 JUL 21 PM 1:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Ecowiserepellent, LLC

2. The Articles of Organization were filed on 4-11-2011 and assigned

document number L 11000037995

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)

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).

Too many hurdles with EPA

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

William Wahl  
4420 SW 93 AVE  
DAVIE FL 33328

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:

William Wahl  
Signature

WILLIAM WAHL  
Printed Name

FILING FEE: \$25.00