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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: CORP USA

Account Number: 072450003255 Phone

: (305)634-3694

Fax Number

: (305)633-9696

LLC DISSOLUTION OR WITHDRAWAL WEK ATLANTIC, LLC

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T. HAMPTON

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COVER LETTER

TO:		gistration Section daten of Corporations			
SUBJE	ECT:	WEK ATLANTIC, LLC			
		(Name of Limi	ted Liability Compa	ny)	·
The en	ciosed	d Articles of Dissolution and fee(s) are submit	ted for filing.		
Please	returr	all correspondence concerning this matter to	the following:		
		Gryska Sotolongo			
		(Nai	ne of Person)		
		. Thomas G. Sherman, P.A.			
(Firm/Company) 90 Almeria Avenue					
		Coral Gables, FL 33134			
		(City/Sta	te and Zip Code)		
For furt	her in	nformation concerning this mutter, please call:			
Gryska Sotolongo			305	448-5898	:
		(Name of Person)	(Area Co	ode & Daytime Telephone	Number)
Enclosed	d is a c	theck for the following amount:			
5	7 \$2 5.	00 Filing Fee and Certificate of Dissolution		ig Fee, Centificate of Disso opy (additional copy is end	

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallehassee, 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

	The name of a limited lial WEK Atlantic, LLC	pility company is	 1			
2.	The Articles of Organizat	ion were filed on 03-09-12 and assigned				
	document number L1200	00034064				
•	The delayed effective date (effecti	ve 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)				
		ce that resulted in the limited liability company's dissolution pursuant to see , (copy 605.0707 on back cover letter). If all of their assests, and ceased doing buisness.	tion			
-			-			
	f there are no members, e	nter the name and address of the person appointed to wind up the company's Thomas G. Sherman, Esq.	- s			
		90 Almeria Avenue	_			
		Coral Gables, FL 33134	-			
ste	Signature of an authorized d above to wind up the co	person or if there are no members, the signature of the person appointed an impany's activities and affairs: Thomas G. Sherman	- d			
	Signature	Printed Name	- ; ; ;			
		ECRETARY OF STATE LLAHASSEE, FLORIDA	MAR -3			