

#L12000035463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

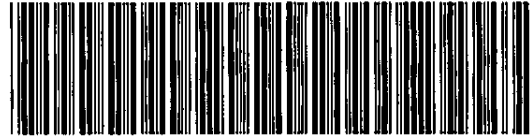
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JAN - 5 2015



BOCA RATON OFFICE:
(FORMERLY ELLIS LAW GROUP, P.L.L.)

SETH E. ELLIS
LL.M. IN ESTATE PLANNING
LENORA J. FOWLER
LL.M. IN TAXATION
GEORGE R. FREUND, III

December 12, 2014

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: WFA Enterprises LLC
Our File Number: 2000022.18

Dear Sir or Madam:

Enclosed are an original and a photocopy of the Articles of Dissolution for the above-referenced limited liability company. Please file the original Articles, stamp the photocopy as "Filed", and return the copy to our office in the enclosed envelope. Our Firm's check in the amount of \$25.00, representing payment of the filing fee for the above-referenced Articles of Dissolution, is also enclosed.

Thank you for your assistance with this matter. Should you have any questions or require anything further, please do not hesitate to contact me.

Very truly yours,

TRIPP SCOTT, P.A.

Linda C. DeVito, FRP
Florida Registered Paralegal

Enclosures

cc: Joyal Capital Management, LLC

4755 Technology Way, Suite 205 • Boca Raton, Florida 33431
Tel 561.910.7500 • Fax 561.910.7501 • www.trippscott.com

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

FILED

2014 DEC 22 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
WFA ENTERPRISES LLC

2. The Articles of Organization were filed on March 13, 2012 and assigned
document number L12000035463

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).
The written consent of all the members.

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:

Antonio Andrade
Signature

Antonio Andrade, Manager
Printed Name

FILING FEE: \$25.00