120014463

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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FEB - 8 2013 G. McLEOD



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02/06/13--01011--032 **25.00

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ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

.	. 09/06/2012	
2. The Articles of Organization were file L120000114463	ed on	and assigned document number
3. The date the dissolution was approved	d: 01/01/2013	
4. A description of occurrence that resul 608.441, Florida Statutes, (copy 608.4	ted in the limited liability comp	any's dissolution pursuant to section
608 441		_
4	,	ارسا ، ب ^ي ن
		City at
5. CHECK ONE:		다. () - () - ()
■ All debts, obligations and liab	bilities of the limited liability co	mpany have been paid or discharged.
-OR-		and liabilities pursuant to s. 608.4421.
6. All remaining property and assets hav rights and interests.	re been distributed among its me	embers in accordance with their respective
7. CHECK ONE:		
There are no suits pending ag	gainst the company in any court.	
-OR- Adequate provision has been entered against it in any pendi	made for the satisfaction of any ing suit.	judgment, order or decree which may be
gnatures of the members having the same	percentage of membership inter	rests necessary to approve the dissolution:
Signature		Printed Name
	DUS	TIN WADLEY
Dusten ruhdley	y t	
	7-71 1-71	
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COVER LETTER

TŎ:

Registration Section Division of Corporations

RIECT. WADLEY FISH AND WILDLIFE REMOVAL LLC

SUBJECT:

(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:

PAMELA A GREEN

(Name of Person)

EXPRESS 1040 INC

(Firm/Company)

319 3RD ST NW

(Address)

WINTER HAVEN FL 33881

(City/State and Zip Code)

For further information concerning this matter, please call:

PAMELA A GREEN

_863

293-1413

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

ρ \$25.00 Filing Fee

p \$30.00 Filing Fee & Certificate of Status p \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) p \$60.00 Filing Fee, Certificate of Status & 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