

U12000134799

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

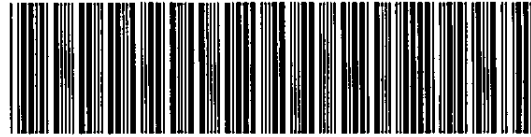
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Wesley Dean Graham 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:

Dean Graham  
(Name of Person)  
Wesley Dean Graham LLC  
(Firm/Company)  
1604 Cumby Ave  
(Address)  
Orlando, FL 32804  
(City/State and Zip Code)

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For further information concerning this matter, please call:

Traci Reagan at ( 407 ) 497-5630  
(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**

1. The name of a limited liability company is

Wesley Dean Graham LLC

2. The Articles of Organization were filed on 10/22/12 and assigned

document number L12000134799

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).

Retired  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

activities and affairs:

Traci Reagan  
513 Balsawood Ct  
Altamonte Springs, FL 32714  
\_\_\_\_\_

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:

Signature

Printed Name

Wesley Dean Graham

Wesley Dean Graham

FILING FEE: \$25.00

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