

U200137708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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16 APR -4 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 05 2016

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Walker Distribution 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:

Joe Walker
(Name of Person)

(Firm/Company)

1929 SW 54th LN
(Address)

Cape Coral FL 33914
(City/State and Zip Code)

For further information concerning this matter, please call:

Joe Walker at (239) 470-7400
(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

3-30-16

Walker's Distribution, LLC L12000137708

1929 SW 54th LN Cape Coral, FL 33914

Joe Walker 239-470-7400

We wish to close/dissolve our limited liability company. We sold our business in 2014 and no longer need the LLC active.

Thank You

Joe Walker

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

1. The name of a limited liability company is

Walkers Distribution LLC

2. The Articles of Organization were filed on 10-29-2012 ~~Dec 24, 2012~~ and assigned

document number L12000137708

3. The delayed effective date the dissolution if not effective on the date of filing: Closed business 12-31-14
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

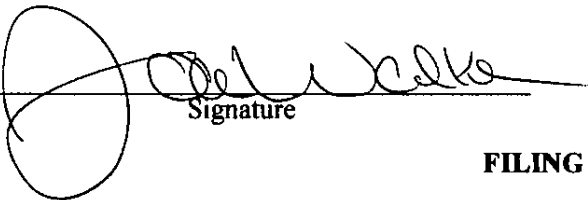
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Filed final income tax and closed
business year 2014

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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:


Signature

Joe Walker
Printed Name

FILING FEE: \$25.00