

L13000068989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

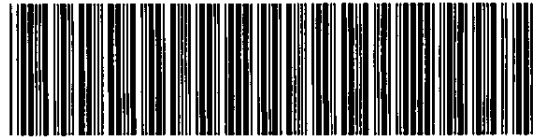
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200257785702

03/17/14--01034--019 **25.00

2014 MAR 17 PM 5:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

MAR 18 2014
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WILL SURVIVORS, 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:

FRANK L. POHL, MBR
(Name of Person)

(Firm/Company)

P.O. BOX 511
(Address)

WINTER PARK, FL 32790
(City/State and Zip Code)

For further information concerning this matter, please call:

SHERRIE HALLOCK at 407 647-7645
(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

FILED
2014 MAR 17 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

WILL SURVIVORS, LLC

2. The Articles of Organization were filed on 5/10/13 and assigned

document number L13000068989

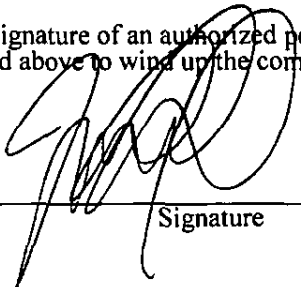
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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).

PROPERTY SOLD

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

FRANK L. POHL

Printed Name

2014 MAR 27 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: WILL SURVIVORS, LLC

Document number of Limited Liability Company is: L13000068989

Date of dissolution was: (9-12-03) DATE OF THIS FILING

Description of information that must be included in a written claim:

THE REAL PROPERTY THAT WAS OWNED BY THE
L.L.C. WAS SOLD AND DEED RECORDED 9-12-03.
PROPERTY WAS LOCATED IN OHIO.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

P.O. Box 511
WINTER PARK, FL 32790

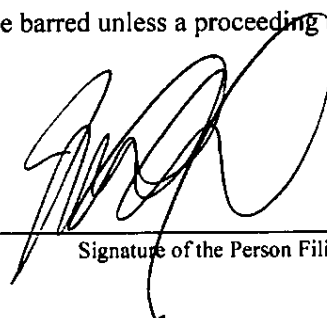
2014 MAR 17 PM 5:00
DEPARTMENT OF STATE
PALM BEACH COUNTY, FLORIDA

FILED

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

FRANK L. POHL

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00