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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		





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SECRETARY OF STATE



MAR 0 8 2016 S. YOUNG

COVER LETTER

TO:	Registration	Section

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Division of Corporations

SUBJECT: WONEEL

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:

Name of Person)

Nowder Land Hoffing (Sirm/Company)

TIP ANELLA CA

(Address)

(City/State/and Zip Code)

For further information concerning this matter, please call:

Son NA HOLZROAD
(Name of Person)

at (732) 213-1054 (Area Code & Davtime 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
Wonder Land trofeties LLC
2. The Articles of Organization were filed on $\frac{7/8}{2013}$ and assigned
document number $\frac{13000081554}{200081554}$
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) 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). Red - NAME Notation 100
#: \{\tau_{\text{i}}\}
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
2218 A at ELLACT.
Royal Palm Brach F (3341)
6 Signature of an outhorized agreement if the group would be a first to a fir
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:
Jona Horstord Dona Horstord Printed Name

FILING FEE: \$25.00