

L13000085943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

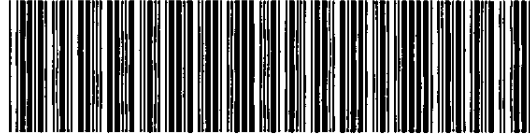
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/24/15--01009--009 **25.00

FILED
2015 APR 24 PM 1:39
SOUTHERN DISTRICT OF FLORIDA
FALL ARLISSOFF FLORIDA

MAY 01 2015

EFFECTIVE DATE 04/30/15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BIWA INVESTMENTS, 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:

BILLY WADE

(Name of Person)

BIWA INVESTMENTS, LLC

(Firm/Company)

8792 NW 108 LANE

(Address)

HIALEAH GARDENS, FL. 33018

(City/State and Zip Code)

For further information concerning this matter, please call:

BILLY WADE

(Name of Person)

305

828-0756

at ()

(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

CLERK OF THE
SUPREME COURT
OF THE STATE OF
FLORIDA

2015 APR 24 PM 1:39

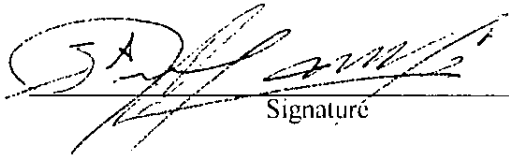
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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
BIWA INVESTMENTS, LLC
2. The Articles of Organization were filed on 06/13/2013 and assigned
document number L13000085943
3. The delayed effective date the dissolution if not effective on the date of filing: 04/30/2015
(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).
WE ARE CLOSING THIS LIMITED LIABILITY COMPANY BECAUSE WE ARE NOT
GETTING ALL BENEFITS TO KEEP IT ON BUSINESS.

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

BILLY WADE

Printed Name

FILING FEE: \$25.00

EFFECTIVE DATE 04/30/15

CLERK OF STATE
TALLAHASSEE, FLORIDA

2015 APR 24 PM 1:39

FILED