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COVER LETTER

TO: Registration Section ' Division of Corporations		
SUBJECT: WALTER PETROSKY 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:		
WALTER PETROSKY (Name of Person)		
WHITER DETROSKY LLC (Firm/Company)		
25805 PEBBLECREEK DR (Address)		
BONITA SPRINGS, FL 34135 (City/State and Zip Code)		
For further information concerning this matter, please call:		
WATER PETROSKY at (239), 206 6485 (Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount: \$\Begin{align*} \text{\$55.00 Filing Fee, Certificate of Dissolution} \text{ Certified Copy (additional copy is enclosed)} \end{align*}		

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
	WALTER PETROSKY LLC
2.	The Articles of Organization were filed on $6/19/2013$ and assigned
	document number <u>L13000088713</u>
3.	The delayed effective date the dissolution if not effective on the date of filing: 430/2016 (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).
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	ACCOMPANIES AND ACCOMPANIES AN
	HASS
5.	If there are no members, enter the name and address of the person appointed to wind up the company's
	activities and affairs: WAJERGOBTROSKY, JR
	25805 PEBBLECREEL DR
	BOWITH-SPRINGS, FC 34135
	239 206 6485
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs:
	WALTRIAG, PETROSKY, JR Printed Name FILLING FEEL \$25.00
	FILING FEE: \$25.00