

L13 600 102 059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

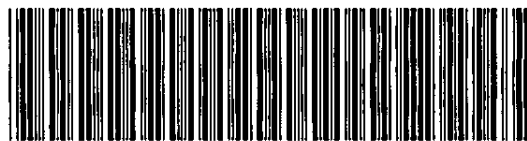
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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APR 28 2014
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2014 APR 23 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WRITE A WISH, 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:

Dennis Faget

(Name of Person)

WRITE A WISH, LLC

(Firm/Company)

4251 SW 95 Ave

(Address)

Miami, FL 33165

(City/State and Zip Code)

2014 APR 23 PM 2:00
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Dennis Faget

(Name of Person)

786

at (

(Area Code & Daytime Telephone Number)

302-6737

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

WRITE A WISH, LLC

2. The Articles of Organization were filed on _____ and assigned

document number L13000102059

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).

Partner Separation

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

activities and affairs:

Dennis Faget

4251 SW 95 Ave

Miami, FL 33165

786-302-6737

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

Dennis Faget

Printed Name

FILING FEE: \$25.00

2014 APR 23 PM 2:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED