L13000112352

| (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: | | | | |
| | | | | |
| | | | | |
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Office Use Only



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12/15/14--01046--011 **35.00

FILEU Secretary of State Allabasser of Coma

JAN 2 3 2015 S. YOUNG



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 6, 2015

GUS ARANGO 19096 SW 25 CT MIRAMAR, FL 33029

SUBJECT: JENIK ENTERPRISES, LLC

Ref. Number: L13000112352

RECEIVED

15 JAN 20 AM 10: 00

SWEEN OF CONTENDIAL

SWEEN OF CONTENDIAL

SWEEN OF CONTENDIAL

We have received your document for JENIK ENTERPRISES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 915A00000185

Jus 305-967-3960 not sending

www.sunbiz.org

COVER LETTER

| | tration Section ion of Corporations | | |
|------------------|--|--|---------------------------|
| SUBJECT: _ | | ENTERPRÍSES | |
| | (Name of Limited | l Liability Company) | |
| The enclosed A | Articles of Dissolution and fee(s) are submitte | d for filing. | |
| Please return a | Il correspondence concerning this matter to the | e following: | |
| | GUS (Name | Avango of Person) | _ |
| | | | _ |
| 1000 | | Company) 5W JS H | SECONE TALLES |
| | Myamar | SW JS F (ddress) PC 33029 | LARYOF & |
| For final and a | (City/State | and Zip Code) | ECORROLL STATE TATE |
| For further link | ormation concerning this matter, please call: (Name of Person) | at (| D nber) |
| Enclosed is a ch | eck 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) | n & ed) |
| | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 | STREET/COURIER ADD Registration Section Division of Corporations Clifton Building | PRESS: |

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1. | The name of a limited liabili | y company is WIL ENTERPRISES | , |
|-----------|---|---|--|
| 2. | The Articles of Organization | were filed on | and assigned |
| | document number | 13000112352 | |
| 3. | The delayed effective date the (effective of | e dissolution if not effective on tale cannot be prior to or more than 90 c | the date of filing: 7/3//3 lays later than date document is received for filing) |
| 4. | A description of occurrence 605.0707, Florida Statutes, (c | hat resulted in the limited liabili opy 605.0707 on back cover lett | ty company's dissolution pursuant to section er). |
| | No ronger | needed | |
| | | | SE CRE L |
| 5. | If there are no members, enter activities and affairs: | er the name and address of the pe | erson appointed to wind up the company's - |
| | | | STATE AS TA |
| | | | |
| 6. lis | Signature of an authorized potential above to wind up the com | erson or if there are no members, pany's activities and affairs: | the signature of the person appointed and |
| | Gustaro 8 | hangs | Gustano D. Avango |

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: | |
|---|---|
| Document number of Limited Liability Company is: | |
| Date of dissolution was: | |
| Description of information that must be included in a writter | ı claim: |
| | |
| | |
| | |
| | |
| | 7 |
| | |
| Mailing address where claims can be sent: (Claims cannot be | e sent to the Division of Corporations) |
| | |
| | |
| | |
| | |
| | |
| A claim against the above named limited liability company value is commenced within 4 years after the filing of this no | vill be barred unless a proceeding to enforce the tice. |
| | |
| | |
| 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