L/3000/2342/

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

4/3/14

NAME:

WHM CLARION LLC

TYPE OF FILING: DISSOLUTION

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:	Registration Section Division of Corporations		i			
SUBJE	WHM Clarion LLC		•			
20191E	(Name of Limited Lia)	ility Compar	y)			
			:			
The end	closed Articles of Dissolution and fee(s) are submitted for	filing.				
Please i	eturn all correspondence concerning this matter to the following	owing:	!			
				<u>.</u> 2		
(Name of Person)						
(Name of Person) Capitol Services – Corporate Filings Team (Firm Company)						
(Firm/Company)						
800 Brazos Ste 400						
	(Address		S.F.C.S			
	A continue TM	70704	I	च्या अ		
Austin TX 78701						
	(City State and 2	up Chue)				
For furt	her information concerning this matter, please call:					
		800	, 345-4647			
	(Name of Person)		de & Daytime Telephone Number)			
Unalasa	I is a check for the following amount:					
	\$25.00 Filing Fee and Certificate of Dissolution	S55	.00 Filing Fee, Certificate of Dissoluti	ion &		
ـــــا	, ————————————————————————————————————		tified Copy (additional copy is enclose			
			:			
	MAILING ADDRESS:	STR	EET/COURIER ADDRES	\$:		
	Registration Section Registration Section					
	Division of Corporations		ion of Corporations			
	P.O. Box 6327		on Building			
	Tallahassee, FL 32314	∠06 I	Executive Center Circle			

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is WHM Clarion LLC		五二
2.	The Articles of Organization were filed on August 31, 2013 document number L13000123421	and assigned	3 7
3.	The delayed effective date the dissolution if not effective on the date	of filing:	
	A description of occurrence that resulted in the limited liability comp 605.0707, Florida Statutes. (copy 605.0707 on back cover letter). Contract Terminated	any's dissolution pursuant	to section
3.	If there are no members, enter the name and address of the person app	pointed to wind up the com	ipany's
	activities and affairs:	: !	
		;	
6. ab	Signature of an authorized person or if there are no members, the sign ove to wind up the company's activities and affairs:	rature of the person appoin	ted and listed
	Signature	Printed Name	
	UP U	Cathy Brand	
			

FILING FEE: \$25,00