

L13000123428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

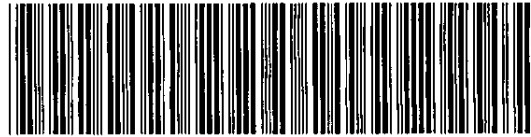
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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DEPARTMENT OF STATE
2014 APR -3 AM 11:01

B. BOSTICK

APR - 4 2014

EXAMINER

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 HOLDIAY INN EXPRESS, LLC

TYPE OF FILING: DISSOLUTION

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

2014-03-27 11:07
03-27-14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WHM Holiday Inn Express, 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:

(Name of Person)

Capitol Services – Corporate Filings Team

(Firm/Company)

800 Brazos Ste 400

(Address)

Austin TX 78701

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person) at (800) 345-4647
(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

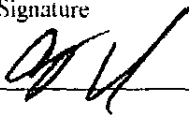
2014-07-23 A 11:05

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

1. The name of a limited liability company is
WHM Holiday Inn Express, LLC
2. The Articles of Organization were filed on August 31, 2013 and assigned
document number L13000123428
3. The delayed effective date the dissolution if not effective on the date of 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).
Contract Terminated
5. If there are no members, enter the name and address of the person appointed to wind up the company's
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



Printed Name

Cathy Brand

FILING FEE: \$25.00

2014-01-23 AM 11:05

605.0707