

L13000 125897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

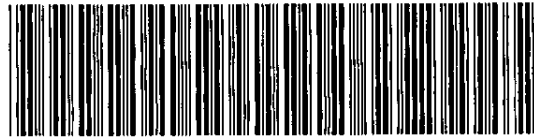
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700260140537

05/21/14--01001--022 **25.00

FILED
2014 MAY 20 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan MAY 20 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wellshot, 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:

William H. Hollimon

(Name of Person)

Hollimon, P.A.

(Firm/Company)

118 N. Gadsden Street

(Address)

Tallahassee, FL 32301

(City/State and Zip Code)

For further information concerning this matter, please call:

William H. Hollimn

850

320-8515

at (

(Name of Person)

_____) _____
(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

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2014 MAY 20 PM 4: 44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
Wellshot, LLC

2. The Articles of Organization were filed on 09/06/2013 and assigned
document number L13000125897

3. The delayed effective date the dissolution if not effective on the date of filing: Effective on 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).

An event or circumstance that the operating agreement states causes dissolution;
namely, the prior written approval of a majority of outstanding membership interests
in the Company to dissolve the company.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: William H. Hollimon

118 N. Gadsden St.

Tallahassee, FL 32301

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:

Will H. Hollimon
Signature

William H. Hollimon

Printed Name

FILING FEE: \$25.00