

L17 000 170921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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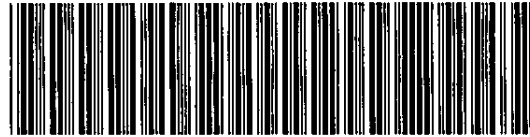
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 15 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: World Eco Solutions, 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:

Ray Robinson  
(Name of Person)

World Eco Solutions, LLC  
(Firm/Company)

125 NE Lamelia Way  
(Address)

Madison, FL 32340  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ray Robinson at (850) 973-7604  
(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**

1. The name of a limited liability company is

World Eco Solutions, LLC

2. The Articles of Organization were filed on 9/16/2013 and assigned

document number L13000130921

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).

The demands for our services were not great  
enough to provide the capital necessary to sustain  
our business.

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

Ray Robinson

125 NE Camelia Way

Madison, FL 32340

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:

Ray Rob  
Signature

Ray Robinson  
Printed Name

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 DEC 19 AM 9:49

FILED

**FILING FEE: \$25.00**