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(Address) (Address)	300402196903

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(Document Number)						
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(City/State/Zip/Phone #)

CC 12/20--0107--02E \*\*2E.09





Office Use Only

## COVER LETTER

## **TO:** Registration Section Division of Corporations

Vestern Enterprises LLC

**DOCUMENT NUMBER:** \_\_\_\_\_\_

The enclosed Notice of Limited Liability Company Dissolution and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael D West

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	(Name of C	Contact Person)		-
Western Enterprises LI	.C			
	(Firm	/Company)		-
3795 Sneed Road				
(Address)				
Fort Pierce, FL 34945				• >
	(City/State	e and Zip Code)		-
For further information	tion concerning this matt	er, please call:		
Roberta West		at ( )	4657	
(Name of	f Contact Person)	(Area Code) (I	Daytime Telephone N	umber)
Enclosed is a check	for the following amour	ıt:		
■\$25 Filing Fee	□\$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status	& Certified
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		<u>Street Addres</u> Registration S Division of Co The Centre of	ection prporations Tallahassee	
		2415 N. Monr Tallahassee, F	oe Street, Suite 810 L 32303	

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## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

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. The Articles of Organization were filed on Scale 120 2013 and assigned

document number <u>1300013 3487</u>

- 3. The delayed effective date the dissolution if not effective on the date of filing: <u>14/31/2023</u> (effective date cannot be prior to or more than 90 days later than date document is received for filing) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
- 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).

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:

Johesta Wist Signature

KETIREN

ROBERTA WEST

**FILING FEE: \$25.00**