L14000039500

(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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04/08/13--01015--003 **25.00

2013 APR -8 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

2019 APR -8 AM 10:31

SUBJECT: Wholesale Houses, 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:

Roland D. O'Brien
(Name of Person)

Wholesale Houses, LLC
(Firm Company)

21 Villa del Norte
(Address)

Fort Pierce, FL 34951
(City State and Zip Code)

For further information concerning this matter, please call:

Roland D. O'Brien at 772 359-9620
(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

2019 APR -8 AM 10:31

1. The name of a limited liability company is

Wholesale Houses, LLC

2. The Articles of Organization were filed on March 10, 2014 and assigned document number L14000039500

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)

Note: 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).

Owners have retired.

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:

Roland D. O'Brien
Signature

Roland D. O'Brien
Printed Name

FILING FEE: $25.00