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SECRETARY OF STATE
TALLAHASSEE. FLORIDA



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COVER LETTER

TO:

Registration Section
Division of Corporations

WHD CONSULTING LLC

SUBJECT:

(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 Dillingham	
(Name of Person)	
WHD CONSULTING LLC	
(Firm/Company)	
118 Habersham Dr	
(Address)	
Longwood, FL 32779	
(City/State and Zip Code)	

For further information concerning this matter, please call:

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414-6331

(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 liabil WHD CONSULTING LLC	ity company is								
2.	The Articles of Organization	n were filed on May 05,	2014	and assigne	ed					
	document number L1400007	2153	_							
3.	The delayed effective date t (effective Note: If the date inserted in t listed as the document's effec	his block does not meet the	e applicable statutory fili	iate document is fee	cived for i	iling) vill not b				
4.	A description of occurrence 605.0707, Florida Statutes, (William Dillingham became en	copy 605.0707 on back	cover letter).	•						
	Needed.									
					THE LANGE	16 MA				
5.	If there are no members, end activities and affairs:	ter the name and address William Dillingham	s of the person appoint	ed to wind up th	ne compa	: 70 iny's				
		118 Habersham Dr			FLO	M .8:				
		Longwood, FL 32779			ATE A					
6. lis	Signature of an authorized patted above to wind up the cor	person or if there are no npany's activities and a	members, the signatur	e of the person a	appointe	—— d and				
r	fill Welly		William Dillingham	nted Name	· · · · · · · · · · · · · · · · · · ·					
	Signature		1 1 11	III I I I I I I I I I I I I I I I I I						

FILING FEE: \$25.00