

L14000072697

(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



500361628605

03/22/21--01029--030 **25.00

2022 MAR 22 AM 7:38
FILED
S.D.

○ SIMMONS

MAY 26 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Webartemis 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:

Elizabeth McClymont

(Name of Person)

(Firm/Company)

1446 Claret Court

(Address)

Fort Myers, FL 33919

(City/State and Zip Code)

For further information concerning this matter, please call:

Elizabeth McClymont

(Name of Person)

239

at (_____) _____

433-4873

(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

2022 MAR 22 AM 7:38

1. The name of a limited liability company is

Webartemis LLC

2. The Articles of Organization were filed on 05/05/2015 and assigned

document number L14000072697

3. The delayed effective date the dissolution if not effective on the date of filing: 04/01/2021
(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).

No business ever conducted

No business ever conducted

No business ever conducted

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

Elizabeth McClymont

1446 Claret Court

Fort Myers, FL 33919

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:

Elizabeth McClymont
Signature

ELIZABETH MCCLYMONT

Printed Name

FILING FEE: \$25.00