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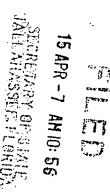
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
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(Document Number)				
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COVER LETTER

	egistration Section ivision of Corporations				
SUBJECT	WHITESAND MANAGEMENT GROUP LLC				
	(Name of Limited Liability Company)				
The enclos	ed Articles of Dissolution and fee(s) are submitte	ed for filing.			
Please retu	rn all correspondence concerning this matter to t	he following:			
	(Nam	e of Person)			
BARRISTER MARKETING GROUP LLC					
	(Firm/Company)				
	1509 GREEN MOUNTAIN DRIVE				
	(Address)				
	LITTLE ROCK, AR 72211				
	(City/Stat	e and Zip Code)			
For further	information concerning this matter, please call:				
SHARIQ HAROON		501	227-9937		
_	(Name of Person)		ode & Daytime Telephone Number)		
Enclosed is	a check for the following amount:				
✓ \$25.00 Filing Fee and Certificate of Dissolution			g Fee, Certificate of Dissolution & opy (additional copy is enclosed)		
	MAILING ADDRESS:	STR	EET/COURIER ADDRESS:		

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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 WHITESAND MANAGEMENT GROUP LLC				
2.	The Articles of Organization	were filed on 09/18/2014	and assigned		
	document number L140001	46326			
3.	The delayed effective date th (effective d	e dissolution if not effective on the date of filing ate cannot be prior to or more than 90 days later than date document is received for filing)			
4.	605.0707, Florida Statutes, (c	hat resulted in the limited liability compopy 605.0707 on back cover letter).			
VOLUNTARY DISSOLUTION, UPON THE WRITTEN CONSENT OF ALL THE					
	MEMBERS OF THE LIM	IITED LIABILITY COMPANY			
5.	If there are no members, enter the name and address of the person appointed to wind up the company's				
	activities and affairs:		APR 7 AM		
6. lis	Signature of an authorized pested above to wind up the com	erson or if there are no members, the signany's activities and affairs:	gnature of the person appointed and		
/2	Signature	PAUL MAS	SON Printed Name		
	Dignature		i illinga i fallio		

FILING FEE: \$25.00