# 4000156955

(Requestor's Name)				
(Address)				
(Address)				
(C	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(В	usiness Entity Nam	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
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FEB - 2 2015

T. BROWN



#### COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: WET Hawing LLC (Name of Limited Liability Company)
(Name or 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:
Ton Butler
Name of Person)
WET Hawling UC (Firm/Company)
147 Smithtown Road (Address)
Chattahachee, PL 32324 (City/State and Zip Code)
(City/State and Lip Code)
For further information concerning this matter, please call:
Name of Person) at (80) 661-2456 (Area Code & Daytime Telephone Number)
(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 liability company	/ is		15 FEB -2 PM L
WET Hauling	LLC		
2. The Articles of Organization were filed	iala	114 ar	nd assigned
document number <u>L 4000 </u>	56955		
3. The delayed effective date the dissolution (effective date cannot be	on if not effective on the prior to or more than 90 da	he date of filing: _ ays later than date docu	ment is received for filing)
4. A description of occurrence that resulte 605.0707, Florida Statutes, (copy 605.07	707 on back cover lette	er).	
The Company was no the Vehicles needed	ot francia	ly able +	o purchace
the vehicles needed	/,		
5. If there are no members, enter the name	^ ′	-	
activities and affairs: 190	2 Kutler		
803	Pine Ave		
Chay	tohoochee Pl	32324	
6. Signature of an authorized person or if listed above to wind up the company's act	there are no members, ivities and affairs:	the signature of th	e person appointed and
Obra Bill		Tara	Butler
Signature		Printed Na	ame

**FILING FEE: \$25.00**