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(Requestor's Name)	
(Address)	
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PICK-UP WAIT	MAIL
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(Document Number)	
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WLT Holdings, 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:

W F Vassar Jr

(Name of Person)

Wilton LLC

(Firm/Company)

PO Box 320042

(Address)

Tampa, FL 33679

(City/State and Zip Code)

For further information concerning this matter, please call:

W F Vassar Jr

., 813

601-4246

(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 WLT Holdings, LLC		
2.	The Articles of Organization	n were filed on and assigned	
	document numberL15000	0019022	
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 605.0707, Florida Statutes, (copy 605.0707 on back cover letter). The consent of all Members		
		·	
5.	If there are no members, ent activities and affairs:	er the name and address of the person appointed to wind up the company's W F Vassar Jr	
		PO Box 320042	
		Tampa, FL 33679	
6. Iis	Signature of an authorized patted above to wind up the con	person or if there are no members, the signature of the person appointed and appany's activities and affairs:	

W F Vassar Jr

Printed Name

FILING FEE: \$25.00